

**Application For Certified Copy of Death Certificate**

**City Clerk, Newton City Hall  
1000 Commonwealth Avenue  
Newton, MA 02459**

**Did death occur in Newton?** \_\_\_\_\_

**If not in Newton, Where?** \_\_\_\_\_

**Name of Record:** \_\_\_\_\_

**Date of Death:** \_\_\_\_\_

**Fee: \$10.00 per certified copy**

**Number of copies requested:** \_\_\_\_\_

**Please enclose a check or money order in exact amount, payable to City of Newton.**

**Mail to: City Clerk, Newton City Hall  
1000 Commonwealth Avenue  
Newton, MA 02459**

**Please allow 10 to 14 days for request.**