

## Death Certificate

Please print out this form and return to:

Worcester City Clerk  
City Hall Room 206  
455 Main Street  
Worcester, MA 01608-1889

**Requests submitted through the mail, will be processed on the date they are received.**

Full name of person on the record of death

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First                      Middle                      Last

Date of Death

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Month                      Day                      Year

Exact Location of this Death

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Hospital, Nursing Home, etc.                      City or Town

Signature of Requester

Daytime telephone number

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Area code                      number

Return Mailing Address

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\* Certificates cost \$14.00 each when ordered through the mail.

\* Payment may be made in check or money order.

\* Make money order or check payable to "**City of Worcester**"