

# **TOWN CLERK'S OFFICE**

**Town of Milford**

## **VITAL RECORDS DEATH REQUEST FORM BY MAIL**

To order one or more certified copies of a death record, please complete this form and return it with a self-addressed, stamped envelope, cash or check made payable to the "Town of Milford".

Mail your request to:  
Milford Town Clerk  
52 Main St., Room 12  
Milford, MA 01757

NAME OF DECEASED: \_\_\_\_\_

DATE OF DEATH: month: \_\_\_\_\_ day: \_\_\_\_\_ year: \_\_\_\_\_

NUMBER OF COPIES: \_\_\_\_\_ X \$10.00 = AMOUNT ENCLOSED: \$ \_\_\_\_\_

MAIL TO:                      FUNERAL HOME                      INFORMANT

Please fill in either the funeral home or informant's mailing information:

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**Should we need to contact you regarding this request please complete the following:**

NAME OF REQUESTOR: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_