



**DEATH RECORD REQUEST FORM**

Please print out this form and return to:

City Clerk's Office  
536 Dwight St.  
Holyoke MA 01040

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

**Death Record Number of Copies :** \_\_\_\_\_

Full name of deceased:

\_\_\_\_\_

First	Middle	Last
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Full name of spouse:

\_\_\_\_\_

First	Middle	Last
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Date of death:

\_\_\_\_\_

City or town of death:

\_\_\_\_\_

Full name of father:

\_\_\_\_\_

First	Middle	Last
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Full name of mother:

\_\_\_\_\_

First	Middle	Last
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OFFICE OF THE CITY CLERK

CITY OF HOLYOKE

Return Mailing Address

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Your signature:

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**\*Payment may be made by check or money order payable to Holyoke City Clerk**

**\*Certified copies are \$10.00; please enclose a self addressed stamped envelope for each transaction through the mail**