Death Certificate Request Form

Please print out this form and return to:

Town Clerk
30 Providence Road
Grafton, MA 01519

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

Full name of person on the record of death

First Middle Last

Date of Death

Month Day Year

Place of Death_____

Signature of Requester_____

Daytime telephone number_____
Area Code Number

Fee is $5.00 per copy.
Make check payable to **Town of Grafton.**
Include a self-addressed stamped envelope.