

**TOWN OF ACTON**

**APPLICATION FOR A CERTIFIED COPY OF A DEATH RECORD**

\$15 for first copy, \$6 for each additional copy of the same record at the same time.

Make check payable to "Town of Acton"

Please fill in the following information for location and record identification.

**\*\*PLEASE PRINT\*\***

Full Name on Decedent: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Number of Copies: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Indicate your Relationship to the person on requested record:

- Self
- Spouse/Registered Domestic Partner
- Parent
- Guardian
- Descendant
- Attorney of person on record
- Genealogist ID # \_\_\_\_\_
- Other: \_\_\_\_\_

By signing below; I swear/affirm the information above is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Below line clerk use only:**

**Proof of identity of applicant:**

- Driver's License

**Applicant must provide one of these:**

- Government issued picture ID
- Passport

**OR two of these:**

- Income Tax Return
- Vehicle Registration
- Bank Statement
- Letter from government agency requesting record (DHHS, WIC)
- Department of Correction ID
- Social Security card
- DD214
- Hospital; birth worksheet
- License/rental agreement
- Pay Stub
- W-2
- Personal Check w/ address
- Previously Issued vital Record
- Other \_\_\_\_\_

**Establishing eligibility to acquire record:**

- Related applicant must provide proof of lineage.
- Domestic Partners must provide proof of registration of domestic partnership
- Attorneys must provide a signed, notarized release from family
- Genealogists must provide a state issued card

Do not retain copies of proof provide or note any specific numbers

Issuing Clerk's Initials: \_\_\_\_\_

Safety Paper Numbers: \_\_\_\_\_