



City of Fitchburg, Massachusetts

115 Mt. Elam Road
Fitchburg, MA 01420

OFFICE: 978-345-9578 FAX: 978-345-9686
www.fitchburgma.gov

GENEALOGY REQUEST FORM

In order to help you with your request, please fill out as much information as you know. We will gather all pertinent information available. This will include which City of Fitchburg cemetery, location in cemetery, and burial permit. The cost is \$ 15.00 – Please make check payable to the City of Fitchburg

Name of Individual: _____

Date of Birth: _____ Date of Death: _____

Spouse Name: _____

Any Children Names: _____

Funeral Provider: _____

Your Name: _____

Address: _____

Telephone _____ email _____