APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

(please print)

Date Requested: __________________________

Name of Deceased: __________________________________________________________
(First Name) (Middle Name) (Last Name)

Date of Death: ___/___/____ Place of Death: (City/Town): _________________________

Purpose for which certificate is requested: ______________________________________

Number of Certificates Requested: _____________________________________________

Type of Certificate*(please circle one) Plain With Manner With Cause

Name of Applicant: __________________________________________________________
(First Name) (Middle Name) (Last Name)

Address of Applicant:
(Street) (City/Town) (State) (Zip Code)

Applicant Phone #: (       ) ______________________________

Your Signature: ______________________________

Relationship to person on Certificate: __________________________________________

PLEASE BE SURE TO INCLUDE WITH THIS REQUEST A PHOTOCOPY OF PICTURE
IDENTIFICATION TO CONFIRM THE I.D. OF THE REQUESTER.

A FEE OF $15.00 (dollars) IS REQUIRED BY LAW FOR THE SEARCH OF THE FILES FOR ANY
ONE RECORD. ADDITIONAL COPIES OF THE SAME RECORD, ORDERED AT THE SAME TIME,
IS $10.00 (dollars) EACH. ANY PERSON SHALL BE GUILTY OF A CLASS B FELONY IF HE/SHE
WILLFULLY AND KNOWINGLY MAKES ANY FALSE STATEMENT IN AN APPLICATION FOR
CERTIFIED COPIES OF A VITAL RECORD (RSA 126:24).

*EXPLANATION OF CERTIFICATE TYPES AVAILABLE:
PLAIN: Will list no information relative to the manner or cause of death of the decedent
WITH MANNER: Will list manner of death only (i.e. Natural, Accidental, etc……)
WITH CAUSE: Will list the manner of death as well as related causes as determined by the pronouncer (i.e. Pneumonia, Myocardial
Infarction, Arteriosclerosis, Diabetes, etc……)

Please mail completed application to address above.