



APPLICATION FOR A CERTIFIED COPY OF A DEATH CERTIFICATE

Office of the City Clerk/ One City Hall Plaza/ Manchester, NH 03101/ 603-624-6455

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

Date of Death: _____ "Place of Death (City/Town): _____

Issue With Cause of Death: Issue Without Cause of Death:

Purpose for which certificate is requested: _____

Your Signature: _____ Your relationship to deceased: _____

Please Print All Information

NH State Law for the search of the file requires a fee of fifteen dollars for any one record. The State also requires a valid picture identification of the individual applying for the death certificate before a record will be released. If we find that record and you meet New Hampshire's access requirements, you will be issued one certified copy of that certificate. THE FEE IS NON-REFUNDABLE IN THE EVENT THE RECORD IS NOT LOCATED.

Number of Copies: _____ (\$15 first copy, \$10 each additional)

The certificate(s) will be mailed to the following address: (please print)

Name of applicant: _____
(First) (Middle) (Last)

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

Applicant Phone #: "*****" "*****"Email Address (optional) _____

NOTICE

Any person shall be guilty of a CLASS B felony if he/she willfully and knowingly makes any false statement in an application for a certified copy of a vital record. (RSA 126:24)

Please mail completed application to address above and include a stamped envelope for return service.

OFFICIAL USE ONLY:

Number _____
Requested _____
Issued _____