

# Town of New Durham, New Hampshire

Incorporated in 1762



## Application for Copy of Death Record

**PLEASE NOTE: A VALID PICTURE ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST. A LEGIBLE PHOTOCOPY OF THE APPLICANT'S DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID NEEDS TO BE INCLUDED WITH THIS REQUEST. IF THE APPLICANT DOES NOT POSSESS A PHOTO ID, THEY SHOULD ASK THE CLERK FOR A COPY OF DVRA-04 ID AND PROVIDE PHOTOCOPIES OF THE REQUIRED DOCUMENTS LISTED THEREIN.**

*PLEASE PRINT VERY CAREFULLY*

Name of Deceased: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_  
(MM/DD/YYYY) (CITY/TOWN)

Purpose for which Certificate is Requested: \_\_\_\_\_

Issued **with** Cause of Death

Issued **without** Cause of Death

**NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE OF \$15.00 BE COLLECTED FOR EACH RECORD REQUESTED. IF THE RECORD IS LOCATED AND YOU MEET ELIGIBILITY REQUIREMENTS, YOU WILL BE ISSUED THE REQUESTED NUMBER OF CERTIFIED COPIES OF THAT RECORD.**

Number of certified copies requested: \_\_\_\_\_ (First copy issued at \$15.00; each additional copy \$10.00)

Date of this request: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO: The Town of New Durham**

Applicant's Name \_\_\_\_\_ Tel # \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Applicant's Address: \_\_\_\_\_  
(STREET) (CITY/Town) (STATE) (ZIP CODE)

Applicant's Signature: \_\_\_\_\_ Relationship to the Deceased: \_\_\_\_\_

**NOTICE: Any person shall be guilty of a CLASS B Felony if he/she willfully and knowingly makes any false statement in an application of a certified copy of a vital record (RSA 5-C:9)**

<b>OFFICIAL USE ONLY:</b>
<b>DCN:</b>