TOWN OF GOFFSTOWN
Town Clerk's Office
16 Main Street
Goffstown, NH 03045

APPLICATION FOR CERTIFIED COPY OF A DEATH RECORD

PLEASE PRINT PLAINLY

Name of Deceased: _____
First Middle Last

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

Purpose for which Certificate is requested: _____

Your Signature: _____ Relationship to Decedent: _____

Your Name (Please Print): _____

Your Address: _____
Street Town/City State Zip

Your telephone number: _____ E-mail_____

Per NH law RSA (5-c:10) a non-refundable fee of $15 is required for each record requested. If the record is located and you meet New Hampshire's access requirement, you will be issued the requested number of certified copies of that record. If no record is found, your money will not be returned as we must charge for the search even if a record is not found.

Enclose a copy of your photo identification and a self-addressed stamped #10 envelope if certificate is to be mailed to you.

Number of Certified copies requested:

With detailed cause of death_____ With manner of death_____ Without cause or manner of death_____

(First copy issued at $15.00, each additional copy will be issued for $10.00)

Total Payment: $_____ Payment Type (Cash/Check): Check #_____

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)

OFFICIAL USE ONLY

Date Issued: _____ Certificate #'s_____

Receipt #_____ ID#_____