



City Clerk's Office
58 Opera House Square
Claremont, NH 03743
Ph: (603) 542-7003
Email: cityclerk@claremontnh.com

OFFICIAL USE ONLY

Document
Number(s) _____
Copies Issued _____
Total Amount Due \$ _____

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

***PHOTO ID IS REQUIRED**

Name of Deceased Person

Whose Record is Required: _____
(First) (Middle) (Last)

Date of Death: _____
(MM/DD/YYYY)

Place of Death: _____
(City/Town)

Reason for Request:(check one) Social Security Legal Social Services
 Personal Records Other: _____

Number of Copies Requested: _____ (First copy issued at \$15.00; each additional copy at \$10.00)

Name of Person

Making Request: _____ **Relationship:** _____

Signature: _____

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 5-C:9)

If making request by mail please include a copy of photo ID and self addressed stamped envelope