



City Clerk's Office
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Claremont, NH 03743
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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)

NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE 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. PLEASE MAKE CHECK PAYABLE TO: CITY OF CLAREMONT

Name of Person Making Request: Relationship:

Address: Street City/Town State Zip

Signature: Telephone #:

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