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#_________________________________