

DEATH

Town of Conway
Town Clerk/Tax Collector's Office
1634 E Main Street
Ctr Conway NH 03813

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|-------------------------------------|
| OFFICIAL USE ONLY: NUMBER |
| REQUESTED |
| ISSUED |

APPLICATION FOR COPY OF DEATH RECORD
PLEASE PRINT

NAME OF DECEASED: _____
(FIRST NAME) (MIDDLE NAME) (LAST NAME)

DATE OF DEATH: _____ PLACE OF DEATH: _____
(MONTH) (DAY) (YEAR) (CITY/TOWN)

PURPOSE OF WHICH CERTIFICATE IS REQUESTED: _____

YOUR SIGNATURE: _____ YOUR RELATIONSHIP TO DECEASED: _____

ISSUED WITH CAUSE OF DEATH

ISSUED WITHOUT CAUSE OF DEATH

THE LAW FOR THE SEARCH OF THE FILE REQUIRES A FEE OF TWELVE DOLLARS FOR ANY ONE RECORD. IF WE FIND THAT RECORD AND YOU MEET NEW HAMPSHIRE'S ACCESS REQUIRMENTS, YOU WILL BE ISSUED ONE CERTIFIED COPY OF THAT CERTIFICATE

Number of Certified copies requested:

Short Form: _____ (First copy issued at \$12; each additional copy will be issued for \$8)

The Certificate(s) will be mailed to the following address:

PLEASE PRINT

Name Of Applicant: _____
(FIRST) (MIDDLE) (LAST)

Address Of Applicant: _____
(STREET) (CITY/TOWN) (STATE) (ZIP CODE)

Applicant Phone No.: _____
(AREA CODE & NUMBER)

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)

PHOTO ID IS REQUIRED