

APPLICATION FOR CERTIFIED COPY OF DEATH – PLEASE PRINT

TOWN OF RINDGE, NH

Effective January 1, 2005, all individuals requesting a certified copy of a vital record (birth, marriage, or death record, pursuant to RSA 5:C-16) must present positive identification including, but not limited to, a driver's license, passport or other picture identification or, in the absence of acceptable picture identification, shall complete the form "*Documentation Evidence for Individuals not Possessing an Acceptable Picture Identification.*" If ordering by mail, you must include the request form as well as a photocopy of your identification or the form, "*Documentation Evidence for Individuals not Possessing an Acceptable Picture Identification*" along with photocopies of the supporting documentation required with that form. Mail-in orders without positive identification will be returned without having been processed.

DATE _____ NO. OF CERTIFIED COPIES REQUESTED _____

NAME OF DECEASED _____

DATE OF DEATH _____

PLACE OF DEATH _____

REASON FOR REQUEST _____

REQUESTER NAME _____

RELATIONSHIP _____

TELEPHONE NUMBER _____

TYPE & NUMBER OF CERTIFICATES:

NO. WITH THE CAUSE OF DEATH: _____

NO. WITHOUT THE CAUSE OF DEATH: _____

SIGNATURE _____

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. (NH RSA 5-C:14).

A fee of fifteen dollars (\$15.00) is required by law for the search of the file for any one record. Include ten dollars (\$10.00) for each additional certificate ordered at this time. (Example: \$15.00 for one certificate, \$25.00 for two certificates, \$35.00 for three certificates, etc.)

Please mail your request along with a check in the correct amount, made payable to *Town of Rindge*, to: Town Clerk, 30 Payson Hill Road, Rindge, NH 03461. Please enclose a stamped, self-addressed return envelope. If you have additional questions, please feel free to call us at 603-899-5181 x107 .

For City Clerk Use Only: CERTIFICATE #'S _____

Payment Type _____