



Town Clerk's Office
15 Sunapee Street
Newport NH 03773
PH: 603-863-2224
Email: clerk@newportnh.gov

OFFICIAL USE ONLY

Document #s: _____

Date Issued: _____

Total Amount Due: \$ _____

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

***PHOTO ID IS REQUIRED**

Full Name of Deceased: _____ Sex : _____

Date of Death: _____ Place of Death: _____

Issued: (circle one) With Cause of Death Without Cause of Death

Reason for Request: (circle one) Family Use Estate Social Security Marriage

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

PLEASE MAKE CHECK PAYABLE TO : **TOWN OF NEWPORT**

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.

Name of Person Making Request: _____ Relationship: _____

Address: _____

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