

**APPLICATION FOR COPY OF DEATH RECORD**

Alton Town Clerk  
PO Box 637  
Alton, NH 03809  
603-875-2101

**PLEASE NOTE: A VALID PICTURE ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST. A LEGIBLE PHOTOCOPY OF THE APPLICANT'S DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID NEEDS TO BE INCLUDED WITH THIS REQUEST.**

*PLEASE PRINT VERY CAREFULLY*

Name Of Deceased: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Date Of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_  
(MM/DD/YYYY) (CITY/TOWN)

Purpose For Which Certificate Is Requested: \_\_\_\_\_

Issued **With** Cause Of Death

Issued **Without** Cause Of Death

**NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE OF \$12.00 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.**

**Number of certified copies requested:**

Long Form: \_\_\_\_\_ (First copy issued at \$15.00; each additional copy, \$10.00)

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

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

*PLEASE PRINT*

Applicant's Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Applicant's Address: \_\_\_\_\_  
(STREET) (CITY/TOWN) (STATE) (ZIP CODE)

Applicant's Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_  
(AREA CODE & NUMBER)

Applicant's Signature: \_\_\_\_\_ Relationship To Registrant: \_\_\_\_\_  
(Signature is required.)

**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)**