

Date: \_\_\_\_\_  
Ck #: \_\_\_\_\_  
Amount: \_\_\_\_\_  
DCN: \_\_\_\_\_

## APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

Date of request \_\_\_\_\_

Number of copies requested \_\_\_\_\_

Purpose of request \_\_\_\_\_

Name of applicant \_\_\_\_\_

Address of applicant \_\_\_\_\_

\_\_\_\_\_

Phone # of applicant \_\_\_\_\_

Relationship to deceased \_\_\_\_\_

Signature of applicant \_\_\_\_\_

**A copy of a photo identification must be provided by applicant to honor this request. If you do not have a photo identification, form DVRA-04 ID must be completed and returned with this application.**

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Full name of deceased \_\_\_\_\_

Date of death \_\_\_\_\_

Place of death \_\_\_\_\_

Certified copy to show cause of death?      YES   or   NO

**A search fee of \$12.00 is required for every record prior to search. This fee shall include one certified copy of the certificate. Any subsequent copies require an additional prepaid fee of \$8.00 for each.**

Please enclose a check or money order for the applicable amount due payable to the **Town of Hill, PO Box 251, Hill, NH 03243** with the return of this application and required documentation.