

Application for Death Certificate
State of New Hampshire
Walpole, NH

Date Requested: _____

Please Print:

Name of Deceased: _____

Date of Death: _____

Place (Town) of Death: _____

Number of Certificates Requested: _____

Type of Certificate – please circle one

- Plain: Will list no information relative to the manner or cause of death
- With Manner: Will list manner of death (i.e. Natural, Accidental, etc.)
- With Cause: Will list manner of death as well as causes as determined by the pronouncer (ie. Pneumonia, Arteriosclerosis, Myocardial Infarction, Diabetes, etc.)

Signature of Requestor: _____

Print Name and Address: _____

Relationship to person on certificate: _____

Reason for Certificate Request: _____

Note: Any person shall be guilty of a Class B Felony if he/she willfully and knowingly makes any false statement in an application for certified copies of a vital record. (RSA 126:24)

PLEASE be sure to include with this request a photocopy of your government issued **photo ID** to confirm requestor identity.

Mail: this request, copy of photo ID, SSA envelope, and check for fees made out to Town Of Walpole: **Town Clerk's Office, PO Box 756, Walpole, NH 03608**

Fees: \$15.00 is required by law for the search of the files for any one record. If the record is found, a first certified copy is included in the \$15.00. Additional copies of the record ordered at the same time are \$10.00 each.