



City of Dover, New Hampshire
City Clerk
APPLICATION FOR CERTIFIED RECORD
DEATH

PLEASE NOTE: A VALID PICTURE ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST. IF NO PICTURE ID IS AVAILABLE, PLEASE CONTACT OUR OFFICE AT (603) 516-6001.

Name of Deceased _____
(person you are getting certificate for) (First) (Middle) (Last)

Date of Death _____
(Month) (Day) (Year)

Place of Death _____
(City/Town)

Purpose for Which Certificate Is Requested _____

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:

Short form issued **with** manner of death: _____ (First copy issued at \$12.00; each addition copy, \$8.00)

Short form issued **without** manner of death: _____ (First copy issued at \$12.00; each addition copy, \$8.00)

Long form issued **with** manner of death and causes: _____ (First copy issued at \$12.00; each addition copy, \$8.00)

PLEASE MAKE CHECKS PAYABLE TO: CITY OF DOVER

REQUESTER'S INFORMATION

Applicant's Name: _____
(First Name) (Middle Name) (Last Name)

Applicant's Address: _____
(Street) (City/Town) (State) (Zip Code)

Applicant's Phone No.: _____
(Area Code & Number)

Applicant's Signature: _____
(Signature is required.)

Relationship to Registrant: _____

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)