



Town of Peterborough, NH
Bureau of Vital Records

Number _____

Amount \$ _____

APPLICATION FOR COPY OF DEATH CERTIFICATE

Please print plainly

NAME OF

DECEASED _____
First Name Middle Last Name

DATE OF DEATH _____
Month Day Year

PLACE OF DEATH _____

PURPOSE FOR WHICH CERTIFICATE IS REQUIRED: _____

REQUESTOR _____ RELATIONSHIP _____
Signature

A fee of \$15.00 for the first certificate and \$10.00 for each additional certificate the same day is required by NH law for the search of the file for any one record.

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 record. (RSA 126:24)