

Division of Public Health Services
Town of Chester, NH
Town Clerk's Office
Application for copy of Death Record

Names of
Deceased:

Date of
Death:

Place of
Death:

Purpose for request:

By whom:

Relationship
To Deceased:

A \$15.00 fee is required for the search, which includes a copy of the record. \$10.00 for each additional copy of the **same** record requested at the **same time**. **You must show us a photo ID in order to obtain a record. If doing this by mail please include a copy of your photo ID.**

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. **RSA5C: 21**

Address to Mail Record To: _____
