

Division of Public Health Services
Town of Chester, NH
Town Clerk's Office

Application for a Copy of a Death Certificate

Name of Deceased: _____

Date of Death: _____

Place of Death: _____

Name of Person Making Request (please print): _____

Those requesting the record of another must have a "direct and tangible interest" as defined in RSA5-C:9.

Purpose of Request: _____

Relationship to Deceased: _____

Your Signature: _____

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 a false statement in an application for a certified copy of a vital records. **RSA5C:21**

If being mailed to you, please provide:

Address to Mail Record to: _____
