DATE REQUESTED:

DATE ISSUED:

TOWN CLERK'S OFFICE
TOWN OF ATKINSON
21 Academy Avenue
Atkinson, NH 03811

APPLICATION FOR COPY OF DEATH RETURN

PLEASE PRINT

Name of Deceased:_____
First Middle Last

Date of Death: _____ Place of Death:_____
Month/Day/Year County

Purpose for which certificate is requested: _____

By Whom: _____ Relationship to Registrant:_____

Your Signature: _____

☐ ISSUED WITH CAUSE OF DEATH ☐ ISSUED WITHOUT CAUSE OF DEATH

……

Name of Applicant: _____
First Middle Last

Address of Applicant: _____
Street City/Town State Zip Code

Applicant's Phone Number: _____
Area Code & Number

Name Phone Number is Listed Under: _____
First Middle Last

A fee of $15.00 is required by law for the search of the file for any one record. A fee of $10.00 is required by law for each subsequent copy issued at the same time as the initial copy.

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 126:24)