

APPLICATION FOR DEATH CERTIFICATE
STATE OF NEW HAMPSHIRE
TOWN OF ASHLAND

Date Requested_____

Please Print

Name of Deceased_____

Date of Death_____ Place of Death_____

Purpose for which certificate is requested_____

Number of certified copies requested _____

Type of certificate* (please circle one) Plain With Manner With Cause

Print Name of Requester_____

Signature of Requester_____

PLEASE BE SURE TO INCLUDE WITH THIS REQUEST A PHOTOCOPY OF PICTURE IDENTIFICATION TO CONFIRM THE I.D. OF THE REQUESTER.

A fee of \$12.00 is required by law for the search of the files for any one record. Additional copies of the same record ordered at the same time are \$8.00 each. Any person shall be guilty of a Class B felony if he/she willfully and knowingly makes any false statement in an application for certified copies of a vital record. (RSA 126:24)

If you are making this request by mail be sure to include the fee and a self addressed stamped envelope. Mail request to Town Clerk – PO Box 517 – Ashland, NH 03217

***Explanation of Certificate Types available:**

Plain Will list no information relative to the manner or cause of death of the decedent

With Manner: Will list manner of death only (ie. Natural, Accidental etc)

With Cause: Will list the manner of death as well as related causes as determined by the pronouncer (ie. Pneumonia, myocardial infarction, diabetes etc)