

TOWN OF WOLFEBORO, NEW HAMPSHIRE

DEATH CERTIFICATE APPLICATION

DATE: \_\_\_\_\_

INSTRUCTIONS:

1. Print the application to complete
2. Check to make sure all information is complete, legible, and sign the application
3. Enclose a check or Money Order payable to the Town of Wolfeboro
4. Include a self-addressed stamped envelope if doing by mail
5. Mail the request to: Wolfeboro Town Clerk, PO Box 1207, Wolfeboro, NH 03894

Number of Copies \_\_\_\_\_

The first copy is \$15.00 and each additional copy (requested at the same time) is \$10.00

PLEASE PRINT

NAME OF DECEASED: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_

PURPOSE FOR REQUEST: \_\_\_\_\_

(example: insurance, legal, stocks, etc.)

YOUR RELATIONSHIP TO THE ABOVE INDIVIDUAL: \_\_\_\_\_

YOUR NAME AND ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

I HEARBY AUTHORIZE THE TOWN CLERK TO TAKE A PHOTO COPY OF MY DRIVER'S LICENCE FOR IDENTITY PURPOSES

YOUR SIGNATURE: \_\_\_\_\_

\*\*\* THE ABOVE INFORMATION IS REQUIRED. PROOF OF ID IS REQUIRED. \*\*\*

A fee of \$15.00 is required by 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 vital record. (RSA 126:24)