## APPLICATION FOR DEATH CERTIFICATE

## State of New Hampshire City of Keene

	Date Requested:				
Please Print					
Name of Deceased:					
Date of Death:					
City of Death:					
Number of certificates requested:					
Type of certificate* (please circle or	ne): P	lain	With Manner	With C	Cause
Signature of Requestor:					
Relationship to person on certificate:					
PLEASE BE SURE TO INCLUDE PICTURE IDENTIFICATION TO			•		
A FEE OF \$15.00 (dollars) IS REGILES FOR ANY ONE RECORD. ORDERED AT THE SAME TIME CHECKS OR MONEY ORDERS ANY PERSON SHALL BE GUILT	ADDITI IS \$10.0 S PAYA	IONAL 00 (dolla BLE TO	COPIES OF TI ars) EACH. PL D: <u>CITY OF K</u>	HE SAME LEASE M. LEENE.	RECORD <b>AKE</b>
WILLFULLY AND KNOWINGLY MAKES ANY FALSE STATEMENT IN AN APPLICATION FOR CERTIFIED COPIES OF A VITAL RECORD. (RSA 126:24)					
MAIL YOUR REQUEST TO:	,				
	Please	complet	<u>se</u>		
Your Name					
Mailing Address					
Phone #					

## \*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 (i.e. Natural, Accidental, etc...)
- WITH CAUSE: Will list the manner of death as well as related causes as determined by the pronouncer (i.e. Pneumonia, Myocardial Infarction, Arteriosclerosis, Diabetes, etc...)