

TOWN OF EAST KINGSTON
Office of Town Clerk
P.O. Box 249 (24 Depot Road)
East Kingston, NH 03827

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE
(please print)

Date Requested:_____

Name of Deceased:_____

(First Name) (Middle Name) (Last Name)

Date of Death: ____ / ____ / ____ Place of Death:(City/Town):_____

Purpose for which certificate is requested:_____

Number of Certificates Requested:_____

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

Name of Applicant:_____

(First Name) (Middle Name) (Last Name)

Address of Applicant:_____

(Street) (City/Town) (State) (Zip Code)

Applicant Phone #:()_____

Your Signature:_____

Relationship to person on Certificate:_____

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

A FEE OF \$15.00 (dollars) 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, IS \$10.00 (dollars) 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).

*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....)

Please mail completed application to address above.