

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: _____

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 \$12.00 (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 \$8.00 (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.