

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 one):

Plain

With Manner

With Cause (typically for insurance)

Signature of Requestor: _____

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 REQUESTOR.

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. PLEASE MAKE CHECKS OR MONEY ORDERS PAYABLE TO: CITY OF KEENE.

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)

MAIL YOUR REQUEST TO: CITY CLERK'S OFFICE
3 WASHINGTON STREET
KEENE, NH 03431

Please complete

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...)