

TOWN OF EXETER, NEW HAMPSHIRE

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<u>www.exeternh.gov</u>

DEATH CERTIFICATE REQUEST

Name at Decedent
Date of Death
Purpose of the Request(records, insurance, etc.)
Your Relationship(self, mother, father, etc.) (NO EX'S, COUSINS OR INLAWS)
Number Requested
Signature

A FEE OF \$15 IS REQUIRED BY LAW FOR HE SEARCH OF THE FILE FOR ANY ONE RECORD. A FEE OF \$10 IS REQUIRED FOR EACH SUBSEQUENT COPY ISSUED AT THE SAME TIME AS INITIAL COPY.

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 etc. RSA 5-C:14:II (a)).