TOWN OF LITTLETON, NEW HAMPSHIRE DEATH CERTIFICATE APPLICATION

INSTRUCTIONS:

- 1. Print the application to complete.
- 2. Check to make sure all information is complete, legible, and sign the application.
- 3. Enclose a <u>Certified</u> bank check or money order made payable to Town of Littleton. (No personal out of state checks will be accepted.)
- 4. A copy of a photo ID is required for the person requesting the certificate.
- 5. Include a *self addressed stamped envelope* for the return of the certificate(s).
- 6. Mail the request to: Littleton Town Clerk, 125 Main St. Suite 202, Littleton, NH 03561

PLEASE TYPE OR PRINT

Type of Certificate Requested :(Please check one) _____# of certified copies wanted ____Long Form with manner* ____without manner • *manner is the cause of death The first copy is \$15.00 and each additional copy (requested at the same time) is \$10.00.

Name of Deceased			
_	First	Full Middle	Last
Date of Death : MM	// DD YY	Place of Death	
Purpose for which co (Example: genealogy, in	ertificate is reque	ested:)	
Your Name and address			
		Telephone Number	
Your Signature		Your Relationship to the abov	е
individual			
***The above information	ation is required.	If the application is not complete, it will be	rejected.
Effective July 1 001	$10 \circ foo \circ f \phi f = 0$	00 is required by low for the secret of the f	ile for only a

Effective July 1, 2010 a fee of \$15.00 is required by law for the search of the file for any one record.

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. (RSA 126:24)