



The State of New Hampshire
City of Lebanon
Vital Records

Application for Copy of Death Return
PLEASE PRINT CLEARLY

Copies: _____
7 + 5 \$: _____
\$8.00: \$8.00
_____ @ \$5.00= _____
Total Rec'd: \$ _____
Date: _____
Photo ID Verified

Official Use Only

Name of Deceased: _____

First Name

Last Name

Date of Death: _____ Place of Death: _____

Month-Day-Year

City/State

Purpose for which Certificate is Requested: _____

Signature: _____ Relationship: _____

Printed Name: _____ Date: _____

Do you require cause of death to appear on certificate? Yes No

If requesting record through the mail, please complete the bottom portion of this form.

Number of Copies Requested: _____ Daytime Phone: _____

Mailing Address:

Payment is collected at time of search. Please enclose a money order made payable to the City of Lebanon. It is \$15.00 for one copy and \$10.00 for any subsequent copies per order. Please note, we will not accept personal checks for mail requests. Mail form to City Clerk's Office, 51 North Park Street, Lebanon, NH 03766.

Checklist before mailing:

___ Form is filled out completely and signed.

___ Photocopy of photo ID for the person making the request, such as driver's license or passport, has been enclosed with this form.

___ Payment in the form of a money order made payable to the City of Lebanon.

*Notice: Any person shall be guilty of a class b felony if he/she willingly and knowingly make any false statement in an application for a certified copy of a vital record. (RSA 126:24)