

# TOWN OF LINCOLN

## APPLICATION FOR COPY OF DEATH CERTIFICATE

**A fee of \$12.00 is required by law for the search of the file for any one record.  
For each subsequent copy of same is \$8.00 each.  
A photo identification (copy of drivers license) of the applicant is also required.**

Please Print:

NAME OF DECEASED: \_\_\_\_\_  
(First name) (Middle) (Last Name)

DATE OF DEATH: \_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_

Purpose of this request: \_\_\_\_\_

Number Requested: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Relation to Registrant: \_\_\_\_\_

Issued with cause of Death: \_\_\_\_\_ Issued without cause of Death \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

**NOTICE: Any person shall be guilty of a Class B Felony if he/she willfully and knowingly make any false Statement in an application for a certified copy of a vital record. (RSA 126:24)**

**Certified Copy Sent:** \_\_\_\_\_ **Certified Copy Hand Given** \_\_\_\_\_