

TOWN OF LINCOLN

APPLICATION FOR COPY OF DEATH CERTIFICATE

A fee of \$15.00 is required by law for the search of the file for any one record.

For each subsequent copy of same is \$10.00 each.

A photo identification (copy of drivers license) of the applicant is also required.

Please Print:

TODAY'S DATE _____

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 _____

