



State of New Hampshire  
Town of Canaan  
PO Box 38  
1169 US Route 4  
Canaan, New Hampshire 03741

**Application for Copy of Death Return**  
**PLEASE PRINT CLEARLY**

**Name of**

**Deceased:** \_\_\_\_\_  
First Name Last Name

**Date of Death:** \_\_\_\_\_  
Month/Day/Year

**Place of Death:** \_\_\_\_\_  
City/State

**Purpose for which Certificate is Requested:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*Photo ID must be presented for person making the request\*\***

If done by mail, please include copy of Photo ID with request form and payment.

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

Plus \$10.00 for each additional copy per order.

*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 5-C:9)*

**\*\*OFFICIAL USE ONLY\*\***

#Copies \_\_\_\_\_

Total Rec'd\$ \_\_\_\_\_

Check/Cash \_\_\_\_\_