



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 _____