

TOWN OF SALEM NEW HAMPSHIRE

TOWN CLERK

APPLICATION FOR COPY OF DEATH RECORD

Please Print Plainly

Name of Deceased _____
(First) (Middle) (Last)

Date of Death _____

Place of Death _____

Purpose for which certificate is requested
____ **Veterans administration**
____ **Family**
____ **Other**

Total Requested _____

Signature _____ **Relationship** _____

The fee for each search conducted is \$15.00. The fee shall be charged whether or not the record is located and includes one certified copy of the record, if located. Additional certified copies issued at the same time as the initial copy are \$10.00 each. Per RSA 126:13 & 15.

Return Address: