The State of New Hampshire
City of Lebanon
Vital Records

Application for Copy of Death Return
PLEASE PRINT CLEARLY

Official Use Only

Copies_____
4 + 3 $_____
$8.00 $_____$8.00__
#____ @ $5.00 = $_____
Total Rec'd $_____
Date _____
Photo ID Verified ☐

Name of Deceased:_____
First Name Last Name

Date of Death: _____ **Place of Death**: _____
Month-Day-Year City/State

Purpose for which Certificate is Requested: _____

By Whom: _____ **Relationship**:_____

Printed Name: _____ **Date:** _____

Do you require cause of death to appear on certificate? ☐ Yes ☐ No

***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 $12.00 is required by law for the search of the file for any one record.
(Plus $8.00 for each additional copy per order)
For records requested by mail, payment must be in the form of a Certified Cashier's Check or Money Order made out to the "City of Lebanon".

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)