

TOWN OF LISBON, NEW HAMPSHIRE.

DEATH CERTIFICATE APPLICATION

INSTRUCTIONS:

1. Print the application to complete
2. Check to make sure all the information is complete, legible and sign the application.
3. Enclose a certified bank check or money order made payable to Town of Lisbon.
4. A copy of a photo ID is required for the person requesting the certificate.
5. Include a self addressed stamped envelope for the return certificate(s).
6. Mail the request to : Lisbon Town Clerk, 46 School Street, Lisbon NH 03585 or present at the Town Office.

PLEASE TYPE OR PRINT

Number of certified copies _____ With Manner * _____

Without manner _____ (* manner is the cause of death)

The first copy is \$15.00 and each additional copy requested at the same time is \$10.00

Name of Deceased: First _____ Full Middle _____ Last _____

Date of Death: _____ Place of Death : _____

Purpose for which certificate is requested: _____

(Example: genealogy, insurance, estate, etc.)

Your Name and address: _____

_____ Telephone Number: _____

Your signature: _____

Your relationship to the above individual: _____

The above information is required. If the application is not complete, it will be returned.

Effective July 1, 2010 a fee of \$15.00 is required by law for the search of the file of any one record.

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 126:24)