Town of Marlow Town Clerk 167 NH Route 123 Marlow, NH 03456 (603)446-2245

Deaths \$15

Application for Copy of Death Return Please Print

Name				
Of Docoacod:				
Deceaseu	First		Middle	Last
Date Of				
Death				
Diago	Month	Day	Year	
Place Of Death:				
Of Death			(County)	
			(County)	
Purpose for V	Vhich Certificate	is Requested:		
Your			Your Relationsh	qin
	to Deceased:			
	A fee of \$10 is son shall be guilty of	required by law for e	by law for the search of the file for an ach subsequent copy issued at the same system willfully and knowingly makes any	•
Certified copy of	f a vital record (RSA 1	126:24)		
			Please Print	
Name				
Of Applicant_				
	First		Middle	Last
Address				
Of Applicant_				
	Street		City/Town	State Zip
Applicant Pho	one Number			