

Town of Albany
1972 B NH Route 16
Albany, NH 03818
603-447-2877

Kathleen Vizard
Albany Town Clerk/Tax Collector

**APPLICATION FOR COPY OF
DEATH CERTIFICATE**

Name of Deceased _____
(first) (middle) (last)

Place of Death _____

Date of Death ____/____/____

Purpose for which Certificate is requested _____

Signature _____

Printed Name _____

Relationship to Registrant _____

First copy \$12.00 additional copies \$8.00