



STATE OF NEW HAMPSHIRE  
 OFFICE OF CHIEF MEDICAL EXAMINER  
 246 Pleasant Street Suite 218 Concord, New Hampshire 03301  
 (603) 271-1235 - FAX (603) 271-6308

## CREMATION CERTIFICATION

Decedent: \_\_\_\_\_ Date/Time of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Crematory: \_\_\_\_\_ Location of View: \_\_\_\_\_

Causes of Death (List all causes as they appear on death certificate):

- Part 1. a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_  
 d. \_\_\_\_\_

Part 2. \_\_\_\_\_

Manner: \_\_\_\_\_ Natural \_\_\_\_\_ Accident \_\_\_\_\_ Suicide \_\_\_\_\_ Homicide \_\_\_\_\_ Pending \_\_\_\_\_ Undetermined

Date/Time ME viewed remains: \_\_\_\_\_

Death Certificate Review: \_\_\_\_\_ Satisfactory \_\_\_\_\_ Amendment Requirement

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The undersigned duly appointed medical examiner certifies that s/he has viewed the remains and reviewed the cause and manner of death and is of the opinion that no further investigation or examination is required.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Original: File with town/city clerk where crematory is located.

Yellow: File with crematory.

Pink: Send with payment to NH Department of Justice, 33 Capitol St., Concord NH 03301

**\$60 Fee, Due Net 30**

Revised: 6/15/16