

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

New Hampshire Department of State
Division of Vital Records Administration
71 South Fruit Street
Concord, NH 03301-2410

REGISTRANT EVENT(S)

Please complete online prior to signing!

Birth Number of copies (first copy issued at \$15.00; each additional copy, \$10.00)
Name of Child Child's Sex
Father's/Parent's Full (Maiden) Name Child's Birthdate
Mother's/Parent's Full (Maiden) Name Child's Birthplace

Death Number of copies (first copy issued at \$15.00; each additional copy, \$10.00)
Full Name of Deceased Sex
Date of Death Place of Death Issued With / Without Cause of Death

Marriage / Civil Union Number of copies (first copy issued at \$15.00; each additional copy, \$10.00)
Prior Full Name of Groom/Person A Date of Marriage/Civil Union
Prior Full Name of Bride/Person B Place of Marriage/Civil Union

Divorce / Civil Union Dissolution Number of copies (first copy issued at \$15.00; each additional copy, \$10.00)
Full Name of Husband/Person A Date of Decree
Full Name of Wife/Person B Place of Decree (County)

New Hampshire law (RSA 5-C:10) requires that a nonrefundable search fee be collected for each record requested. If the record is located and you meet eligibility requirements, you will be issued the requested number of certified copies of that record.

Applicant's Name: (FIRST) (MIDDLE) (LAST)

Applicant's Address: (ATTENTION INFORMATION/BUSINESS NAME) (STREET) (APT)

(CITY/TOWN) (STATE) (COUNTRY) (ZIP CODE)

Applicant's Phone No.: (AREA CODE & NUMBER) Email:

Reason for Certificate Request: IF the Certificate is for a Foreign Consulate, you should CLICK HERE.

Applicant's Signature: (Original signature is required.) Your relationship as applicant to the Registrant:

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 5-C:14)

PLEASE NOTE: A LEGIBLE PHOTOCOPY OF THE APPLICANT'S GOVERNMENT ISSUED PHOTO ID MUST BE INCLUDED WITH THIS REQUEST (i.e. driver's license, non-driver's ID, passport). IF THE APPLICANT DOES NOT POSSESS A PHOTO ID, THEY SHOULD CLICK HERE. YOU MUST PROVIDE EVIDENCE THAT THE ADDRESS TO WHICH THE VITAL RECORD IS TO BE SENT IS INDEED YOUR ADDRESS (eg. personal check, driver's license, utility bill), OTHERWISE CLICK HERE AND FILL OUT THE BOTTOM HALF.

DO NOT SEND CASH. PLEASE MAKE CHECKS PAYABLE TO: Treasurer-State of New Hampshire

I have enclosed a stamped, self-addressed, business-letter-sized envelope.

DID YOU...
• Sign the Application?
• Incl. a photocopy of Gov Issued ID?
• Enclose Payment?
If not, application must be returned!

OFFICIAL USE ONLY:
NBR
TYPE(S)/AMT(S)
ISSUED