

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

Town of Moultonborough
Town Clerk's Office
6 Holland St | P.O. Box 15
Moultonborough, NH 03254

REGISTRANT EVENT(S)

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 _____ Issued: ☐ **Without Manner** (Manner of death not printed)

Date of Death _____ Place of Death _____ Sex _____ ☐ **With Manner** (Includes manner of death)

☐ **Long Form** (Includes details of death)

☐ Exclude SSN from certificate.

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 Groom/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.: _____ Email: _____
(AREA CODE & NUMBER)

Reason for Certificate Request: _____

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)

OFFICIAL USE ONLY:

NBR

TYPE(S)/AMT(S)

ISSUED