

# 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)

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)

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: \_\_\_\_\_

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

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