

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: _____ (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