



**State of New Hampshire**  
 Department of State  
 Division of Vital Records Administration  
 71 South Fruit Street  
 Concord, New Hampshire 03301-2410  
 (603) 271-4651



**DOCUMENTARY EVIDENCE REQUIRED**

Effective January 1, 2005 all individuals requesting a certified copy of a record (Pursuant to RSA 5 C-16) must present positive identification, including, but not limited to, a driver's license, passport or other government issued picture identification.

**Please return all correspondence with a photocopy of your ID.**



**Or:**

Those without acceptable photo identification shall supply a photocopy of two (2) documents listed below. Any document submitted shall be in the name of the individual requesting the record.

*(Example: if a utility bill is sent the name and address of the requestor must be listed)*

**Failure to sign & submit two acceptable documents in place of the required picture identification shall result in this application being rejected & returned to the requester.**

I declare that I do not have picture identification and that I have presented the TWO ATTACHED documents

Please PRINT the following information:

\_\_\_\_\_  
 Name of applicant

\_\_\_\_\_  
 Applicant's residence address (house number, street name, city/town, state, zip code)

\_\_\_\_\_  
 Signature of applicant

\_\_\_\_\_  
 Date of signature



Utility bills  Social Security Card/DD-214

Bank statements  Hospital Birth Worksheet

Car registration  Lease/rental agreement

Copy of income tax return  Pay stub (W-2)

Personal check with address  Voter Registration Card

A previously issued vital record/marriage license  Disability award from SSA

Letter from government agency requesting a vital record, e.g., DHS, WIC

Department of Corrections Identification Card \_\_\_\_\_

Other: \_\_\_\_\_  
Description

**ATTACH photocopies of BOTH documents to this form when returning this application.**

DVRA Supervisor Approval Signature: \_\_\_\_\_