

APPLICATION FOR A VITAL RECORDS CERTIFICATE

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

Table with 1 column and 3 rows: OFFICIAL USE ONLY: NUMBER, REQUESTED, ISSUED

PLEASE NOTE: A VALID PICTURE ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST. A LEGIBLE PHOTO-COPY OF THE APPLICANT'S GOVERNMENT ISSUED PHOTO ID NEEDS TO BE INCLUDED WITH THIS REQUEST. IF THE APPLICANT DOES NOT POSSESS A PHOTO ID, THEY SHOULD CLICK HERE.

Birth Number of copies (first copy issued at \$12.00; each additional copy, \$8.00)
Name of Child Child's Sex
Name of Father/Parent Child's Birthdate
Maiden Name of Mother/Parent Child's Birthplace

Death Number of copies (first copy issued at \$12.00; each additional copy, \$8.00)
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 \$12.00; each additional copy, \$8.00)
Name of Groom/Person A Date of Marriage/Civil Union
Name of Bride/Person B Place of Marriage/Civil Union

Divorce / Civil Union Dissolution Number of copies (first copy issued at \$12.00; each additional copy, \$8.00)
Name of Husband/Person A Date of Decree
Name of Wife/Person B Place of Decree (county)

Decorative Non-Certified Heirloom Birth Certificate Number of copies (\$25.00 per copy)
Name of Child Child's Sex
Name of Father/Parent Child's Birthdate
Maiden Name of Mother/Parent Child's Birthplace

Non-Certified Pre-adoption Birth Record Number of copies (first copy issued at \$12.00; each add'l copy, \$8.00)
Name of Applicant after Adoption Child's Sex
Name of Adoptive Father Child's Birthdate
Maiden Name of Adoptive Mother Child's Birthplace

NEW HAMPSHIRE LAW 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. PLEASE MAKE CHECKS PAYABLE TO: Treasurer-State of New Hampshire

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

PLEASE PRINT

Applicant's Name: (FIRST) (MIDDLE) (LAST)
Applicant's Address: (STREET) (CITY/TOWN) (STATE) (ZIP CODE)
Applicant's Phone No.: (AREA CODE & NUMBER) Email:

Reason for Certificate Request:

Applicant's Signature: Relationship To Registrant: (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:9)