APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

New Hampshire Department of State
Division of Vital Records Administration
9 Ratification Way
Concord, NH 03301-2455

REGISTRANT EVENT(S) Please complete online prior to signing!

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 _____ Sex _____
Date of Death _____ Place of Death _____ Issued ☐ **With** / ☐ **Without** Cause 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.: _____ Email: _____
(AREA CODE & NUMBER)

Reason for Certificate Request: _____
IF the Certificate is for a Foreign Consulate, you should *CLICK HERE.*

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**)

PLEASE NOTE: **A LEGIBLE PHOTOCOPY OF THE APPLICANT'S GOVERNMENT ISSUED PHOTO ID MUST BE INCLUDED WITH THIS REQUEST (i.e. driver's license, non-driver's ID, passport). IF THE APPLICANT DOES NOT POSSESS A PHOTO ID, THEY SHOULD *CLICK HERE*. *YOU MUST PROVIDE EVIDENCE THAT THE ADDRESS TO WHICH THE VITAL RECORD IS TO BE SENT IS INDEED YOUR ADDRESS (eg. personal check, driver's license, utility bill), OTHERWISE CLICK HERE AND FILL OUT THE BOTTOM HALF.***

DO NOT SEND CASH. PLEASE MAKE CHECKS PAYABLE TO: Treasurer-State of New Hampshire

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

DID YOU…
- Sign the Application?
- Incl. a photocopy of Gov Issued ID?
- Enclose Payment?

If not, application must be returned!

OFFICIAL USE ONLY:
NBR
TYPE(S)/AMT(S)
ISSUED