New Hampshire Department of State

Division of Vital Records Administration

9 Ratification Way

Concord, NH 03301

**APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD**

**REGISTRANT EVENT(S)** Please complete the appropriate section(s) and applicant information.

MCBD21390_0000[1]

**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 \_\_\_\_\_\_\_

MCBD21390_0000[1]

**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

MCBD21390_0000[1]

**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

MCBD21390_0000[1]

**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)

MCBD21390_0000[1]

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 *PLEASE LET US KNOW.***

Applicant’s *Your* Relationship as Applicant

Signature: *to* the Registrant:

**(Original ink signature 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 COMPLETE THE “DOCUMENTARY EVIDENCE REQUIRED” FORM. THE APPLICANT MUST PROVIDE EVIDENCE THAT THE ADDRESS TO WHICH THE VITAL RECORD IS TO BE SENT IS INDEED THEIR ADDRESS (personal check, driver’s license, utility bill), OTHERWISE, FILL OUT THE BOTTOM HALF OF THE “ASSIGNMENT OF VITAL RECORD ACCESS TO A NEW HAMPSHIRE VITAL RECORD” FORM.**

**DO NOT SEND CASH:** PLEASE MAKE CHECKS **(US FUNDS ONLY)**, PAYABLE TO: Treasurer-State of New Hampshire.

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

**DID YOU…**

· Sign the Application?

· Incl. a photocopy of Govt. Issued ID?

· Enclose Payment?

If not, application must be returned!