

APPLICATION FOR A VITAL RECORDS CERTIFICATE

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

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 \$15.00; each additional copy, \$10.00)
 Name of Child _____ Child's Sex _____
 Full Name of Father/Parent _____ Child's Birthdate _____
 Full Maiden Name of Mother/Parent _____ 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)
 Full Name of Groom/Person A _____ Date of Marriage/Civil Union _____
 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 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.: _____ Email: _____
(AREA CODE & NUMBER)

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)