

# 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.

<b>DID YOU...</b> <ul style="list-style-type: none"><li>• Sign the Application?</li><li>• Incl. a photocopy of Gov Issued ID?</li><li>• Enclose Payment?</li></ul> If not, application must be returned!
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<b>OFFICIAL USE ONLY:</b>
NBR
TYPE(S)/AMT(S)
ISSUED