

APPLICATION FOR A VITAL RECORDS CERTIFICATE

Town of New Durham
PO Box 207/4 Main Street
New Durham, NH 03855

PLEASE NOTE: A VALID PICTURE ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST. A LEGIBLE PHOTOCOPY OF THE APPLICANT'S GOVERNMENT ISSUED PHOTO ID NEEDS TO BE INCLUDED WITH THIS REQUEST. IF THE APPLICANT DOES NOT POSSESS A PHOTO ID, HE/SHE SHOULD DOWNLOAD THE VITAL RECORDS DOCUMENTARY EVIDENCE REQUIRED FORM FOUND IN FORMS AND DOCUMENTS.

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 Birth Date _____	
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 THE TOWN OF NEW DURHAM.

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

Applicant's

Name: _____
(First) (Middle) (Last)

Applicant's

Address: _____
(Street) (City/Town) (State) (Zip Code)

Applicant's

Phone No. _____
(Area Code & Number)

Reason for Certificate

Request: _____

Relationship to

Registrant: _____ Applicant's

Signature: _____

Date ____/____/____

(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)