

## APPLICATION FOR A VITAL RECORDS CERTIFICATE

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

<b>OFFICIAL USE ONLY:</b>
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) \_\_\_\_\_

**Decorative Non-Certified Heirloom Birth Certificate** Number of copies \_\_\_\_\_ (\$25.00 per copy)  
 Name of Child \_\_\_\_\_ Child's Sex \_\_\_\_\_  
 Full Name of Father/Parent \_\_\_\_\_ Child's Birthdate \_\_\_\_\_  
 Full Maiden Name of Mother/Parent \_\_\_\_\_ Child's Birthplace \_\_\_\_\_

**Non-Certified Pre-adoption Birth Record** Number of copies \_\_\_\_\_ (first copy issued at \$15.00; each add'l copy, \$10.00)  
 Name of Applicant after Adoption \_\_\_\_\_ Child's Sex \_\_\_\_\_  
 Name of Adoptive Father \_\_\_\_\_ Child's Birthdate \_\_\_\_\_  
 Maiden Name of Adoptive Mother \_\_\_\_\_ Child's Birthplace \_\_\_\_\_

**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)**