New Hampshire Secretary of State
Division of Vital Records Administration
9 Ratification Way, Concord, New Hampshire 03301-2455

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

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

BIRTH Number of copies requested ___ (one copy is $15.00, each additional copy is $10.00)

Name of Child on Record: _____ (First / Middle / Last)

Mother/Parent Name: _____ (First / Middle / Last) Child's Date of Birth: _____ (Month/Day/Year)

Father/Parent Name: _____ (First / Middle / Last) Child's Place of Birth: _____ (City/Town)

DEATH Number of copies requested ___ (one copy is $15.00, each additional copy is $10.00)

Name of Decedent on Record: _____ (First / Middle / Last / Maiden (if applicable))

Date of Death: _____ (Month/Day/Year) Place of Death: _____ (City/Town) Date of Birth, if known: _____ (Month/Day/Year)

1.) How much information is needed on the requested death record? **Please select one:**

___ with cause of death & manner of death / ___ with manner of death only / ___ without cause or manner of death

2.) Would you like the social security number suppressed from the death record? ___ Yes / ___ No
If requesting multiple copies, please state how many copies you'd like the SS# suppressed from: ___

MARRIAGE/CIVIL UNION Number of copies requested ___ (one copy is $15.00, each additional copy is $10.00)

Name of Person A on Record: _____ (First / Middle / Last / Maiden (if applicable))

Name of Person B on Record: _____ (First / Middle / Last / Maiden (if applicable))

Date of Event: _____ (Month/Day/Year) Place of Filing: _____ (City/Town) Place of Marriage/Civil Union: _____ (City/Town)

DIVORCE/DISSOLUTION Number of copies requested ___ (one copy is $15.00, each additional copy is $10.00)

Name of Person A on Record: _____ (First / Middle / Last / Maiden (if applicable))

Name of Person B on Record: _____ (First / Middle / Last / Maiden (if applicable))

Date of Decree: _____ (Month/Day/Year) Place of Divorce/Dissolution: _____ (City/Town)

APPLICANT INFORMATION

Legal Name: _____

Mailing Address: _____
Street including Apartment/Suite Number, if applicable

_____
City/Town/Province State Country Postal Code

Phone Number: _____ Email: _____

Reason for Request: _____ Is Apostille Required? ___ Yes / ___ No

Signature: _____ Relationship to Registrant: _____

PLEASE SEE PAGE 2 (OR REVERSE SIDE OF THIS FORM) FOR ADDITIONAL INFORMATION

SASE / NO SASE / PRIORITY MAIL
PAYMENT #:
EVENT(S) & QTY:
DATE ISSUED AND BY:
DCN: