

# 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.

<b>BIRTH</b>	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 _____
<b>DEATH</b>	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 <b>With</b> ___ / <b>Without</b> ___ Cause of Death _____
<b>MARRIAGE/CIVIL UNION</b>	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 _____
<b>DIVORCE/CIVIL UNION DISSOLUTION</b>	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)