

# APPLICATION FOR A VITAL RECORDS CERTIFICATE

City Clerk's Office  
41 Green Street, Concord, NH 03301  
[www.concordnh.gov](http://www.concordnh.gov)  
(603) 225-8500

**Official Use Only:**

Number \_\_\_\_\_  
Requested \_\_\_\_\_  
Issued \_\_\_\_\_

**PLEASE NOTE: A VALID PHOTO ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST. IF REQUESTING VIA MAIL, A LEGIBLE PHOTOCOPY OF THE APPLICANT'S GOVERNMENT ISSUED PHOTO ID NEEDS TO BE INCLUDED WITH THIS REQUEST.**

**Birth** Number of copies \_\_\_\_\_ (first copy issued \$15.00; additional copies purchased at the same time \$10.00)

Name at Birth \_\_\_\_\_

Name of Father/Parent \_\_\_\_\_

Maiden Name of Mother/Parent \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Death** Number of copies \_\_\_\_\_ (first copy issued \$15.00; additional copies purchased at the same time \$10.00)

Name of Deceased \_\_\_\_\_

Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_

Issued: \_\_\_\_\_ **With** Cause of Death/ \_\_\_\_\_ **Without** Cause of Death

**Marriage** Number of copies \_\_\_\_\_ (first copy issued \$15.00; additional copies purchased at the same time \$10.00)

Name of Groom/Person A (*Prior to Marriage*) \_\_\_\_\_

Name of Bride/Person B (*Prior to Marriage*) \_\_\_\_\_

Date of Marriage/Civil Union \_\_\_\_\_ Place of Marriage/Civil Union \_\_\_\_\_

**Divorce Decree** Number of copies \_\_\_\_\_ (first copy issued \$15.00; additional copies purchased at the same time \$10.00)

Name of Husband/Person A \_\_\_\_\_

Name of Wife/Person B \_\_\_\_\_

Date of Decree \_\_\_\_\_ 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 CITY OF CONCORD.**

(PLEASE PRINT)

Applicant's Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Applicant's Address: \_\_\_\_\_  
(STREET) (CITY/TOWN) (STATE)

Applicant's Phone No: \_\_\_\_\_  
(AREA CODE & NUMBER)

Reason for Certificate Request: \_\_\_\_\_ Relationship (*to record you're requesting*) \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_  
(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)**