

**APPLICATION FOR A VITAL RECORDS CERTIFICATE**

**TOWN OF HAMPSTEAD  
TOWN CLERK  
PO BOX 298  
HAMPSTEAD, NH 038410298**

**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 REQUESTING BY MAIL, YOU MUST INCLUDE A SELF ADDRESSED STAMPED ENVELOPE.**

**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 \_\_\_\_\_

**MARRIAGE**                      NUMBER OF COPIES \_\_\_\_\_ (FIRST COPY ISSUED AT \$15.00; EACH ADDITIONAL COPY, \$10.00)

FULL NAME OF PERSON A \_\_\_\_\_ DATE OF MARRIAGE \_\_\_\_\_

FULL NAME OF PERSON B \_\_\_\_\_ PLACE OF MARRIAGE \_\_\_\_\_

**DEATH**                      NUMBER OF COPIES \_\_\_\_\_ (FIRST COPY OF 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**

**DIVORCE**                      NUMBER OF COPIES \_\_\_\_\_ (FIRST COPY OF ISSUED AT \$15.00; EACH ADDITIONAL COPY, \$10.00)

FULL NAME OF PERSON A \_\_\_\_\_ DATE OF DECREE \_\_\_\_\_

FULL NAME OF 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: TOWN OF HAMPSTEAD**

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

APPLICANT'S PHONE NO: \_\_\_\_\_ REASON FOR CERTIFICATE REQUEST: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ RELATIONSHIP TO REGISTRANT: \_\_\_\_\_

**NOTICE: ANY PERSON SHALL BE GUILTY OF A CLASS B FELONY IF HE/SHE WILLFULLY AND KNOWINGLY MAKES ANY FALSE STATEMENT IN APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD. (RSA 5-C: 9)**