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:

Mailing and Payment

When mailing your request, please be sure to include the following:

- Check or money order in US funds made payable to “Treasurer-State of New Hampshire”
- Legible photocopy of your photo identification
- Proof of your mailing address (utility bill, lease agreement, car registration, etc.) if your mailing address isn’t listed on the photo ID you’ve provided
- Completed application with both “event” and “applicant” sections filled in
- Self-addressed, pre-stamped return envelope for faster mailing

If you do not have a photo ID:

- Please reference the “Documentary Evidence Required” form

If you do not have proof of mailing address:

- Please also provide a notarized letter authorizing a different address to receive the requested vital record(s). You may utilize the "Assignment of Additional Mailing Address" form for this purpose.

If you’re not an immediate, legal family member to the registrant:

5-C:102 Disclosure of Information to Individuals; Direct and Tangible Interest. –

. . . III. In this chapter, the following persons shall be deemed to have a direct and tangible interest with regard to access to a vital record: the registrant; a member of the registrant's immediate family; the registrant's legal guardian; the registrant's legal representative; persons demonstrating a need for information for the determination or protection of a personal or property right; members of the press, radio, television, and other news media when the information requested by such media sources is of a public nature; persons authorized by the immediate family to conduct genealogical research; and the spouse of a divorced or legally separated person whose former marriage has been legally dissolved who is requesting certified copies of such divorce, legal separation, or civil annulment record.

IV. The natural parents of an adopted child who has been adopted outside of the natural parent's immediate family, shall not be considered to have a direct and tangible interest in the vital records of the adopted child.

V. A person who is not a member of the immediate family may be considered to have direct and tangible interest in the requested record in accordance with paragraph VI and VII.

VI. A claim of direct and tangible interest, as described in paragraph III made by an individual, an attorney, or an agent working on behalf of an attorney, shall be reviewed by either the state registrar or the clerk of the town or city. The claim shall include a letter from the requestor that describes and documents the claim of direct and tangible interest, including what record is required, why it is needed, and any other evidence the requestor wishes to submit to document the claim. The requestor also shall provide positive identification, such as a driver's license, passport, or other picture identification.

VII. A claim of direct and tangible interest submitted as in paragraph VI shall be approved if the claim is substantiated by the evidence submitted to the satisfaction of the state registrar or the clerk of the town or city, and access to the requested record shall be approved. If the claim is not substantiated by the evidence submitted to the satisfaction of the state registrar or the clerk of the town or city, then access shall be denied, and the requestor may appeal the registrar's or clerk's decision.

VIII. In order to obtain access to a vital record, an attorney or an agent working on behalf of an attorney shall identify himself or herself as a member of the legal profession by means of a business card, business stationery, or by similar means when he or she requests access to a record as the representative of his or her client, state in the request the name of the client, and submit evidence for the claim of direct and tangible interest

Any person shall be guilty of a CLASS B Felony if they willfully and knowingly make any false statement in an application for a certified copy of a vital record. (RSA 5-C:14).

New Hampshire law (RSA 5-C:10) 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.