

VITAL RECORD COPIES



CERTIFIED COPIES OF MARRIAGES, BIRTHS, DEATHS, DIVORCES

“New Hampshire vital records are considered to be private, and access to them is restricted by statute to those individuals who have a "direct and tangible interest" in the record. RSA 5-C:9. Certain older records are exempted from these access restrictions. Birth records 100 years or older, and deaths, marriages and divorce records 50 years or older are considered to have unrestricted access.”

Copies of Vital Record events from 1983 to present are available at any New Hampshire Town Clerk's office. Copies prior to 1983 must be requested from the town in which the event occurred or from the State.

Positive identification must be shown in order to obtain copies of Vital Records.

Cost for certified copies is **\$15.00** for the first record and **\$10.00** for each subsequent copy of the same record requested at the same time. **Please note that the fee is for the record search and is charged whether or not the record is located.**

APPLICATION FOR A VITAL RECORDS CERTIFICATE

PLEASE NOTE: A VALID PICTURE ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST.

BIRTH

Number of Copies: _____ (first copy \$15.00; each additional copy 10.00)

Name of Child: _____ Child's Sex _____

Name of Father: _____ Child's Birthdate: _____

Name of Mother: _____ Child's Birthplace: _____

DEATH

Number of Copies: _____ (first copy \$15.00; each additional copy 10.00)

Name of Deceased: _____ Sex: _____

Date of Death: _____ Place of Death: _____ Issued **With** / **Without** Cause of Death

MARRIAGE

Number of Copies: _____ (first copy \$15.00; each additional copy 10.00)

Name of Groom / Person A: _____ Date of Marriage: _____

Name of Bride (Maiden)/ Person B: _____ Place of Marriage: _____

DIVORCE

Number of Copies: _____ (first copy \$15.00; each additional copy 10.00)

Name of Husband / Person A: _____ Date of Decree: _____

Name of Wife / Person B: _____ Place of Decree (County): _____

NEW HAMPSHIRE LAW REQUIRES THAT A NON-REFUNDABLE SEARCH FEE BE COLLECTED FOR EACH RECORD REQUESTED.

Applicants Name: _____

Applicants Address: _____

Applicant's Phone Number: _____ Reason for Certificate Request: _____

Applicant's Signature: _____

Relationship to Registrant: _____ Driver's License Number: _____

PLEASE MAKE CHECKS PAYABLE TO: TOWN OF SANDOWN

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)

OFFICIAL USE ONLY: CONTROL NUMBER: _____

DATE REQUESTED: _____

DATE ISSUED: _____