

APPLICATION FOR A VITAL RECORDS CERTIFICATE

Town of Whitefield
56 Littleton Road
Whitefield, NH 03598

OFFICIAL USE ONLY: NUMBER
REQUESTED
ISSUED

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 THE APPLICANT DOES NOT POSSESS A PHOTO ID, THEY SHOULD *CLICK HERE*.

Birth Number of copies _____ (first copy issued at \$15.00; each additional copy, \$10.00)

Name of Child _____ Child's Sex _____
Name of Father/Parent _____ Child's Birthdate _____
Maiden Name of Mother/Parent _____ Child's Birthplace _____

Death Number of copies _____ (first copy issued at \$15.00; each additional copy, \$10.00)

Name of Deceased _____ Sex _____
Date of Death _____ Place of Death _____ Issued With / Without Cause of Death

Marriage / Civil Union Number of copies _____ (first copy issued at \$15.00; each additional copy, \$10.00)

Name of Groom/Person A _____ Date of Marriage/Civil Union _____
Name of Bride/Person B _____ Place of Marriage/Civil Union _____

Divorce / Civil Union Dissolution Number of copies _____ (first copy issued at \$15.00; each additional copy, \$10.00)

Name of Husband/Person A _____ Date of Decree _____
Name of Wife/Person B _____ Place of Decree (county) _____

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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: Treasurer-Town of ~~Whitefield~~ *Whitefield*

I have enclosed a stamped, self-addressed, business-letter-sized envelope.

PLEASE PRINT

Applicant's Name: _____
(FIRST) (MIDDLE) (LAST)

Applicant's Address: _____
(STREET) (CITY/TOWN) (STATE) (ZIP CODE)

Applicant's Phone No.: _____ Email: _____
(AREA CODE & NUMBER)

Reason for Certificate Request: _____

Applicant's Signature: _____ Relationship To Registrant: _____
(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)