

## APPLICATION FOR A VITAL RECORDS CERTIFICATE TOWN OF DERRY 14 MANNING ST, DERRY, NH 03038

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

Please make checks payable to: **TOWN CLERK-DERRY**

**For Mail requests:** Enclose a, Self-Addressed, Stamped Business Size Letter Envelope. A LEGIBLE PHOTOCOPY OF THE APPLICANT'S GOVERNMENT ISSUED PHOTO ID MUST BE INCLUDED.

**Cost ..... \$15.00 for 1<sup>st</sup> copy each additional copy, \$10.00 when ordered at same time**

**BIRTH** Number of copies \_\_\_\_\_ Name of child \_\_\_\_\_ M/F \_\_\_\_\_

Child's Birth Date \_\_\_\_\_ Child's Birthplace Town/State \_\_\_\_\_

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

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

**DEATH** Number of copies \_\_\_\_\_ Name of Deceased \_\_\_\_\_

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

Issued **With** \_\_\_\_\_ or **Without** \_\_\_\_\_ Cause of Death \_\_\_\_\_

**MARRIAGE / CIVIL UNION** Number of copies \_\_\_\_\_

Name of Groom/Person A \_\_\_\_\_

Name of Bride/Person B \_\_\_\_\_

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

**DIVORCE / CIVIL UNION DISSOLUTION** Number of copies \_\_\_\_\_ Date of Decree \_\_\_\_\_

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

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

**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.**

**Applicant's Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State** \_\_\_\_\_ **phone** \_\_\_\_\_

**Email** \_\_\_\_\_ **Reason for request** \_\_\_\_\_

**Signature** \_\_\_\_\_

**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)**

For Office use	ID#	Ck #/Name	CASH AMT