

APPLICATION FOR A VITAL RECORDS CERTIFICATE

**PLEASE NOTE: A VALID PICTURE I.D. IS REQUIRED IN ORDER TO PROCESS YOUR
REQUEST.**

BIRTH

Name of Child _____ Sex _____ Child's DOB _____
Birthplace _____

Maiden Name of Mother _____ Name of
Father _____

DEATH

Name of
Deceased _____ Sex _____

Date of Death _____ Place of Death _____ **With** or **With-**
out cause of death (circle one)

MARRIAGE

Name of Husband/Person A _____ Date of
Marriage _____

Name of Bride/ Person B _____ Place of
Marriage _____

DIVORCE

Name of Husband/Person A _____ Date of
Decree _____

Name of Wife/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 SEABROOK.

TODAYS DATE _____

Number of copies_____ (First copy issued at \$15; each additional copy, \$10.)

Applicant's name (YOUR NAME)_____

Applicant's Address_____

Relationship_____ **Reason for Request**_____

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)