

APPLICATION FOR A VITAL RECORDS CERTIFICATE

Dunbarton Town Clerk
1011 School Street
Dunbarton, NH 03046-4816
603-774-3547 x 107
townclerk@dunbartonnh.org

NOTE: A VALID PHOTO ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST (i.e. driver's license, non-driver ID, passport)

Birth: Number of copies _____ (first copy issued at \$15.00; each additional copy, \$10.00)
Name of Child _____ Child's Sex _____
Father's/Parent's Full (Maiden) Name _____ Child's Birthdate _____
Mother's/Parent's Full (Maiden) Name _____ Child's Birthplace _____

Death: Number of copies _____ (first copy issued at \$15.00; each additional copy, \$10.00)
Full 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)
Prior Full Name of Groom/Person A _____ Date of Marriage/Civil Union _____
Prior Full Name of Wife/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)
Full Name of Husband/Person A _____ Date of Decree _____
Full 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. IF THE RECORD IS LOCATED AND YOU MEET ELIGIBILITY REQUIREMENTS, YOU WILL BE ISSUED THE REQUESTED NUMBER OF CERTIFIED COPIES OF THAT RECORD.

Make check payable to: *Dunbarton Town Clerk*
Note: Please add \$2 for records returned by mail. Thank you!

Applicant's Name: _____
(First) (Middle) (Last)

Applicant's Address: _____
(Street) (City/Town) (State) (Zip Code)

Applicant's Phone # (_____) **E-mail:** _____

Reason for Certificate Request: [] **Personal Use** [] **Legal** [] **Other** _____
(Details on reverse side)

Applicant's Signature: _____ **Relationship to Registrant:** _____
(Required)

Notice: Any person shall be guilty of a CLASS B Felony if he/she willingly and knowingly makes any false statement in an application for a certified copy of a vital record. (RSA 5-C:9)