



# APPLICATION FOR A VITAL RECORDS CERTIFICATE

OFFICIAL USE ONLY:  
TODAY'S DATE \_\_\_\_\_ PHOTO ID \_\_\_\_\_  
\*\*\***VALID PHOTO ID IS REQUIRED**\*\*\* DOC. NUMBER(S) \_\_\_\_\_  
\$ \_\_\_\_\_ CASH OR CHECK# \_\_\_\_\_

**1<sup>ST</sup> COPY \$15.00 ADDITIONAL \$10.00 FOR SAME PERSON ON SAME TYPE CERTIFICATE**

## BIRTH

NAME OF CHILD AT BIRTH \_\_\_\_\_ CHILD'S SEX \_\_\_\_\_  
MAIDEN NAME OF FATHER/PARENT \_\_\_\_\_  
MAIDEN NAME OF MOTHER/PARENT \_\_\_\_\_  
CHILD'S DATE OF BIRTH \_\_\_\_\_ CHILD'S BIRTH PLACE \_\_\_\_\_

## DEATH

NAME OF DECEASED \_\_\_\_\_ SEX \_\_\_\_\_  
DATE OF DEATH \_\_\_\_\_ PLACE OF DEATH \_\_\_\_\_  
**Issued:** \_\_\_\_\_ **with cause of death** / \_\_\_\_\_ **without cause of death**

## MARRIAGE / CIVIL UNION

NAME OF GROOM/PERSON A \_\_\_\_\_  
NAME OF BRIDE/PERSON B \_\_\_\_\_  
DATE OF MARRIAGE/CIVIL UNION \_\_\_\_\_  
CITY OR TOWN *WHERE YOU APPLIED FOR YOUR LICENSE* \_\_\_\_\_  
CITY OR TOWN OF MARRIAGE/CIVIL UNION \_\_\_\_\_

## DIVORCE / CIVIL UNION DISSOLUTION

NAME OF HUSBAND/PERSON A \_\_\_\_\_  
NAME OF WIFE/PERSON B \_\_\_\_\_  
DATE OF DECREE \_\_\_\_\_ 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: **CITY OF FRANKLIN**

\*\*\*\*\* **IF BY MAIL, ENCLOSE A STAMPED, SELF ADDRESSED, BUSINESS-LETTER ENVELOPE, AND COPY OF YOUR PHOTO I.D.** \*\*\*\*\*  
*Mailing address: Franklin City Clerk Office, 316 Central Street, Franklin NH 03235*

PLEASE PRINT

APPLICANT'S NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

APPLICANT'S ADDRESS \_\_\_\_\_  
(STREET) (CITY/TOWN) (STATE) (ZIP CODE)

APPLICANT'S PHONE NUMBER: \_\_\_\_\_

REASON FOR REQUEST \_\_\_\_\_

RELATIONSHIP TO REGISTRANT: \_\_\_\_\_

APPLICANT'S 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)