

Town of Alexandria
Town Clerk & Tax Collector's Office
47a Washburn Road, Alexandria, NH 03222 ~ 603-744-3288

APPLICATION FOR A VITAL RECORDS CERTIFICATE

PLEASE NOTE: A VALID PHOTO 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.

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

Name of Child _____ Child's Sex _____

Name of Father/Parent _____ Child's Birth Date ____/____/____

Maiden Name of Mother/Parent _____ Child's Birth Place _____

DEATH Number of copies _____ (first copy issued \$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 \$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/Dissolution Number of copies _____ (first copy issued \$15.00; each additional copy, \$10.00)

Name of Husband/Person A _____ Date of Decree ____/____/____

Name of Wife/Person B _____ Place of Decree (County) _____

NEW HAMPSHIRE LAW (RSA 5-C:10) 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 Alexandria*

Please Print

APPLICANT'S NAME: _____ RELATIONSHIP to REGISTRANT: _____
(FIRST) (MIDDLE) (LAST)

APPLICANT'S ADDRESS: _____
(STREET) (CITY/TOWN) (STATE) (ZIP CODE)

APPLICANT'S PHONE NO (____) _____ REASON FOR REQUEST: _____

APPLICANT'S SIGNATURE: _____ DATE: ____/____/____

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:14)

DNC # _____ Date Issued: ____/____/____ Cash or Check # _____