

Hampton Falls Town Clerks Office
1 Drinkwater Road
Hampton Falls, NH 03844

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

REGISTRANT EVENT(S)

Please complete the appropriate section(s) and applicant information.

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 Person A _____ Date of Marriage/Civil Union _____
Prior Full Name of 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 Person A _____ Date of Decree _____
Full Name of 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.

Applicant's Name: _____
(FIRST) (MIDDLE) (LAST)

Applicant's Address: _____
(ATTENTION INFORMATION/BUSINESS NAME) (STREET) (APT)

(CITY/TOWN) (STATE) (COUNTRY) (ZIP CODE)

Applicant's Phone No.: _____ Email: _____
(AREA CODE & NUMBER)

Reason for Certificate Request: _____
IF the Certificate is for a Foreign Consulate, please let us know

Applicant's Signature: _____ Your Relationship as Applicant to the Registrant: _____
(Original ink signature required)

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](#))

PLEASE NOTE: A LEGIBLE PHOTOCOPY OF THE APPLICANT'S GOVERNMENT ISSUED PHOTO ID MUST BE INCLUDED WITH THIS REQUEST (i.e. driver's license, non-driver's ID, passport). IF THE APPLICANT DOES NOT POSSESS A PHOTO ID, THEY SHOULD COMPLETE THE "DOCUMENTARY EVIDENCE REQUIRED" FORM.

THE APPLICANT MUST PROVIDE EVIDENCE THAT THE ADDRESS TO WHICH THE VITAL RECORD IS TO BE SENT IS INDEED THEIR ADDRESS (personal check, driver's license, utility bill), OTHERWISE, FILL OUT THE BOTTOM HALF OF THE "ASSIGNMENT OF VITAL RECORD ACCESS TO A NEW HAMPSHIRE VITAL RECORD" FORM.

DO NOT SEND CASH: PLEASE MAKE CHECKS (**US FUNDS ONLY**), PAYABLE TO: **Town of Hampton Falls.**

DID YOU...

- Sign the Application?
 - Incl. a photocopy of Govt. Issued ID?
 - Enclose Payment?
- If not, application must be returned!

OFFICIAL USE ONLY:

NBR

TYPE(S)/AMT(S)

ISSUED