



APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

Town Clerk Derry
14 Manning Street, Derry NH 03038

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

\$15 for 1 copy / \$10 for additional copies ordered at the same time

BIRTH Copies: _____ Date of Birth: ____/____/____ Town/City of Birth: _____

Child's Name: _____ Sex: _____

Full Name of Father/Parent: _____

Full Name of Mother/Parent: _____

DEATH Copies: _____ Date of Death: ____/____/____ Town/City of Death: _____

Full Name of Deceased: _____ Cause of Death Listed: ____ Yes ____ No

MARRIAGE Copies: _____ Date of Marriage: ____/____/____ Town/City of Marriage: _____

Prior Full Name of Person A: _____

Prior Full Name of Person B: _____

DIVORCE Copies: _____ Date of Decree: ____/____/____ Town/City of Divorce: _____

Name of Person A: _____

Name of Person B: _____

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.

Applicant's Name: _____ Relationship: _____

Address: _____ City/State: _____ Phone: _____

Reason for request: _____ Signature: _____

FOR OFFICE USE:

CERTIFICATE #: _____ - _____

ID #: _____

NH

OTHER: _____