



APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

****Photo ID is required for person making request****

BIRTH

Name of Child: _____
First Middle Last

Date of Birth: _____ Place of Birth: _____
Month/Day/Year City/Town

Father's/Parent's Full (Maiden) Name: _____
First Middle (Maiden) Last

Mother's/Parent's Full (Maiden) Name: _____
First Middle (Maiden) Last

DEATH

Full Name of Deceased: _____
First Middle Last

Date of Death: _____ Place of Death: _____
Month/Day/Year City/Town

(Circle One) **WITH** Cause of Death **OR** **WITHOUT** Cause of Death

MARRIAGE/CIVIL UNION

Prior Full Name of Groom/Spouse: _____
First Middle Last

Prior Full Name of Bride/Spouse: _____
First Middle Last

Date of Marriage: _____ Place of Marriage: _____
Month/Day/Year City/Town

DIVORCE/CIVIL UNION DISSOLUTION

Full Name of Husband/Spouse: _____
First Middle (Married) Last

Full Name of Wife/Spouse: _____
First Middle (Married) Last

Date of Decree/Dissolution: _____ Place of Decree (County): _____
Month/Day/Year City/Town

REASON FOR REQUEST: (Circle Reason Below) #Copies Requested: _____

Personal Record Driver's License Travel School Employment Social Security Estate Other: _____

Relationship: _____ Phone Number: _____ E-Mail: _____

Applicant's Name: _____
First Middle Last

Address: _____
Street City/Town State zip

Signature: _____ Date: _____

New Hampshire law (RSA 5-C:10) requires that a non-refundable search fee of \$15.00 be collected for each record requested, plus \$10.00 per each additional copy for the same person.

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)



IF REQUESTING A VITAL RECORD THROUGH THE MAIL

****Please complete the following information****

Copies Requested: _____

Daytime Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Mailing Address: _____
Po Box/Street City/Town State Zip

FEE'S:

1st copy of Vital Record = \$15.00

Each Additional Copy = \$10.00

MAIL FEE = **\$1.00** for 2 or fewer. **\$3.00** for 3-10. **\$4.00** for 10 +

Please enclose a **CHECK made payable to TOWN OF ATKINSON**

If you need your record prepared for an **Apostille check the box ☐ YES

Mail application and payment to:

**Town Clerk's Office
Town of Atkinson
19 Academy Ave
Atkinson, NH 03811**

CHECKLIST

_____ Form is completely filled out and signed

_____ Copy of Photo ID - of the person making the request (driver's license, passport, student ID)

_____ Check made payable to Town of Atkinson (see fee's above)