CLERK USE ONLY					
Date:	· · · · · · · · · · · · · · · · · · ·				
DCN#					
Clark	Pd By				



## APPLICATION FOR VITAL RECORDS CERTIFICATE

City Of Somersworth

1 Government Way, Somersworth, NH 03878

Hours: Mon., Tues., Thurs., and Fri. 8:00 a.m. – 4:30 p.m. Wed. 8:00 a.m. – 6:00 p.m.

Requests by mail must send completed form, check made payable to the City of Somersworth, copy of photo ID and self-addressed stamped envelope.

REGISTRANT EVENT(S)					
BIRTH					
Name of Child	Number of copies	• • • • • • • • • • • • • • • • • • • •	d at \$15.00; each <b>additional</b> copy, \$10.00) Child's Birthdate		
Father's/Parent's Full Nan	ne		Child's Birthplace		
Mother's/Parent's Full Na	me		^		
DEATH	Number of copies	(first copy issued	d at \$15.00; each <b>additional</b> copy, \$10.00)		
Full Name of Deceased	•		Date of Death		
Place of Death	Issued 🗆 With / 🗆 With	out Cause of Death			
MARRIAGE / CIVIL U					
E IIN CO /D	•		t \$15.00; each <b>additional</b> copy, \$10.00)		
			Date of Marriage/Civil Union		
ruii Name of Dride/ Person	II D		Place of Marriage/Civil Union		
DIVORCE / CIVIL UN	ION DISSOLUTION				
	•		t \$15.00; each <b>additional</b> copy, \$10.00)		
	erson A				
Full Name of Wife/Person	n B		Place of Decree (County)		
	REQUESTER'	S INFORMATION			
record is located and you record.	neet eligibility requirements, you		ollected for each record requested. If the tested number of certified copies of that		
Requester's Name:	(FIRST)	(MIDDLE)	(LAST)		
Requester's Address:	( - /		( /		
	(STREET & APT.)	(CITY/TOWN, STATE & ZIP CODE)			
Requester's Phone Number	r:	Driver's Lic	Driver's License #		
Reason for Request:		Relationship to Person on Record:			
Requester'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)