

**APPLICATION FOR A VITAL RECORDS CERTIFICATE**

Town Of Salem NH  
Town Clerk  
33 Geremonty Dr  
Salem, NH 03079

**PLEASE NOTE: A VALID PICTURE ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST. A LEGIBLE PHOTOCOPY OF THE APPLICANT'S GOVERNMENT ISSUED PHOTO ID NEEDS TO BE INCLUDED WITH THIS REQUEST.**

**Birth** Number of copies \_\_\_\_\_ (first copy issued at \$15.00; each additional copy, \$10.00)

Name of Child \_\_\_\_\_ Child's Sex \_\_\_\_\_

Full Name of Father/Parent \_\_\_\_\_ Child's Birthdate \_\_\_\_\_

Full Maiden Name of Mother/Parent \_\_\_\_\_ 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)

Full Name of Groom/Person A \_\_\_\_\_ Date of Marriage/Civil Union \_\_\_\_\_

Full Name of Bride/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 Husband/Person A \_\_\_\_\_ Date of Decree \_\_\_\_\_

Full Name of Wife/Person B \_\_\_\_\_ Place of Decree (county) \_\_\_\_\_

**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 OF THAT RECORD. PLEASE MAKE CHECKS PAYABLE TO: "TOWN OF SALEM"**

**PLEASE PRINT**

Applicant's Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Applicant's Address: \_\_\_\_\_  
(STREET) (CITY/TOWN) (STATE) (ZIP CODE)

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

Reason for Certificate Request: \_\_\_\_\_

Signature: To Registrant: \_\_\_\_\_ Applicant's Relationship: \_\_\_\_\_  
(Signature is 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:9)**