

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.: (AREA CODE & NUMBER) Email:

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)