

# APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

Town of Boscawen/Town Clerk  
116 North Main St., Boscawen, NH 03303

## REGISTRANT EVENT(S)

**Birth** (1935-present) (Except 1949-1950) Number of copies \_\_\_\_\_ (**first** copy issued at \$15.00; each **additional** copy \$10.00)

Name of Child (F-M-L) \_\_\_\_\_ Child's Sex \_\_\_\_\_

Father's/Parent's Full (Maiden) Name \_\_\_\_\_ Child's Birthdate \_\_\_\_\_

Mother's/Parent's Full (Maiden) Name \_\_\_\_\_ Child's Birthplace \_\_\_\_\_

**Death** (1965-present) 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** (1960-present) Number of copies \_\_\_\_\_ (**first** copy issued at \$15.00; each **additional** copy \$10.00)

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

Prior Full Name of Person B \_\_\_\_\_ Place of Marriage/Civil Union \_\_\_\_\_

**Divorce / Civil Union Dissolution** (1979-present) 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) \_\_\_\_\_

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New Hampshire law (RSA 5-C:10) 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 BOSCAWEN OR CASH ACCEPTED**

Applicant's Name: \_\_\_\_\_

(First)

(Middle)

(Last)

Applicant's Address: \_\_\_\_\_

(Street)

(Apt)

(City/Town)

(State)

(Zip Code)

Applicant's Phone No: \_\_\_\_\_  
(Area Code & Number)

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

**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)

Applicant's Signature: \_\_\_\_\_ Your relationship as applicant to the Registrant: \_\_\_\_\_  
(Original signature is required)

If request is done by mail: A LEGIBLE PHOTOCOPY OF THE APPLICANT'S GOVERNMENT ISSUED PHOTO ID MUST BE INCLUDED WITH THIS REQUEST (i.e. driver's license, non-driver's ID, passport). YOU MUST PROVIDE EVIDENCE THAT THE ADDRESS TO WHICH THE VITAL RECORD IS TO BE SENT IS INDEED YOUR ADDRESS (e.g. personal check, driver's license, utility bill). Please enclose a stamped, self-addressed, business-letter sized envelope and a check/money order made to the Town OF BOSCAWEN.

## OFFICIAL USE ONLY:

DCN(S): \_\_\_\_\_

Veterans Copy DCN: \_\_\_\_\_

Error(s) DCN: \_\_\_\_\_

Exchange(s) DCN: \_\_\_\_\_

Amount(s): \_\_\_\_\_

CASH/CHECK # \_\_\_\_\_

Clerk Signature: \_\_\_\_\_