

THE STATE OF NEW HAMPSHIRE
TOWN OF THORNTON
APPLICATION FOR VITAL RECORD CERTIFICATE

OFFICIAL USE ONLY:	
DATE:	_____
Clk #:	_____
Amount:	_____
DCN:	_____

IF YOU ARE MAILING IN YOUR REQUEST A VALID PICTURE ID IS REQUIRED

BIRTH # of copies: ____ (first copy issued at \$15.00; each additional copy, \$10.00)

Name of Child: _____ Child's Sex: _____
Name of Father/Parent: _____ Child's Date of Birth: _____
Maiden Name of Mother/Parent: _____ Child's Birthplace: _____

DEATH # of copies: ____ (first copy issued at \$15.00; each additional copy, \$10.00)

Name of Deceased: _____ Sex: _____
Date of Death: _____ Place of Death: _____ Copy to show: () Cause of Death
() Without Cause of Death

Marriage/Civil Union # of copies: ____ (first copy issued at \$15.00; each additional copy, \$10.00)

PRINT NAMES AS IS ON APPLICATION (MAIDEN)

Name of Groom/Person A: _____ Date of Marriage/Civil Union: _____
Name of Bride/Person B: _____ Place of Marriage/Civil Union: _____

Divorce/Civil Union Dissolution # of copies: ____ (first copy issued at \$15.00; each additional copy, \$10.00)

Name of Husband/Person A: _____ Date of Decree: _____
Name of Wife/Person B: _____ Place of Decree (county): _____

PLEASE PRINT

Applicant's Name: _____
(First) (Middle) (Last)

Applicant's Address: _____
(Street) (City/Town) (State) (Zip Code)

Applicant's Phone #: _____ Reason for Request: _____

Applicant's Signature: _____ Date: _____

Relationship to Registrant: _____

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 enclose a check or money order for the applicable amount due payable to **TOWN OF THORNTON, NH, 16 MERRILL ACCESS ROAD, THORNTON, NH 03285** with the return of this application and required documentation.

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)