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

**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

**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)