

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

Town Clerk / Town of Sandwich
8 Maple Street/ P.O. Box 194
Sandwich, NH 03227
603-284-7113

Office use only
DL: _____
DCN: _____

REGISTRANT EVENT (S)

BIRTH Number of copies _____ (first copy issued at \$15.00; each additional copy of same record \$10.00)

Name of Child _____ Child's Sex _____

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

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

DEATH Number of copies _____ (first copy issued at \$15.00; each additional copy of same record \$10.00)

Full Name of Deceased _____ Sex _____

Date of Death _____ **Place of Death** _____ **Issued with:** **Date Only** **Manner** **Cause**
(Circle One)

MARRIAGE Number of copies _____ (first copy issued at \$15.00; each additional copy of same record \$10.00)

Prior Full Name of **Person A** _____ Date of Marriage _____

Prior Full Name of **Person B** _____ Place of Marriage _____

DIVORCE Number of copies _____ (first copy issued at \$15.00; each additional copy of same record \$10.00)

Full Name of **Person A** _____ Date of Decree _____

Full Name of **Person B** _____ Place of Decree _____

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.
APPLICANT'S INFORMATION

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (PO Box) (Apt/Unit)

(City/Town) (State) (Country) (Zip Code)

Phone No: _____ Email: _____
(Area Code & Number)

Reason for Certificate Request: _____

Applicant's _____ **Your** relationship as applicant
Signature: _____ to the Registrant: _____ Date: _____

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)

PLEASE NOTE: IF REQUESTING 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 (eg. Personal check, driver's license, utility bill) OTHERWISE YOUR REQUEST WILL BE RETURNED.