

**APPLICATION FOR A VITAL RECORDS CERTIFICATE
TOWN OF ASHLAND
PO BOX 517 – 20 HIGHLAND STREET – ASHLAND, NH 03217**

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; EACH ADDITIONAL COPY \$10]

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; EACH ADDITIONAL COPY \$10]

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; EACH ADDITIONAL COPY \$10]

FULL NAME OF GROOM/PERSON A _____ DATE OF MARRIAGE/CU _____
FULL NAME OF BRIDE/PERSON B _____ PLACE OF MARRIAGE/CU _____

DIVORCE/CIVIL UNION DISSOLUTION NUMBER OF COPIES _____ [FIRST COPY ISSUED AT \$15; EACH ADDITIONAL COPY \$10]

FULL NAME OF HUSBAND/PERSON A _____ DATE OF DECREE _____
FULL NAME OF WIFE/PERSON B _____ PLACE OF DECREE [COUNTY] _____

NEW HAMPSHIRE 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 ASHLAND

Enclose a stamped, self addressed, business letter sized envelope and a copy of your picture ID.

PLEASE PRINT **DATE** _____

APPLICANT'S NAME _____

APPLICANT'S ADDRESS _____

APPLICANT'S PHONE NUMBER _____ **EMAIL ADDRESS** _____

REASON FOR CERTIFICATE REQUEST _____

APPLICANT'S SIGNATURE _____ **RELATIONSHIP TO REGISTRANT** _____

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]