

# Town Clerk & Tax Collector's Office



## APPLICATION FOR COPY OF CIVIL UNION

<b>OFFICIAL USE ONLY:</b>
NUMBER REQUESTED
DCN ISSUED
INITIALS

**PLEASE NOTE: A VALID PICTURE ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST. A LEGIBLE PHOTO-COPY OF THE APPLICANT'S DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID NEEDS TO BE INCLUDED WITH THIS REQUEST.**

*PLEASE PRINT VERY CAREFULLY*

**PERSON A** (As listed on the N.H. Civil Union Certificate)

NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (maiden name if applicable)

**PERSON B** (As listed on the N.H. Civil Union Certificate)

NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (maiden name if applicable)

Date of Civil Union: \_\_\_\_\_ Place of Civil Union: \_\_\_\_\_  
(MM/DD/YYYY) (CITY/TOWN)

Purpose For Which Certificate Is Requested: \_\_\_\_\_

**NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE OF \$15.00 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.**

**Number of certified copies requested:** \_\_\_\_\_ (First copy issued at \$15.00; each additional copy, \$10.00)

**PLEASE MAKE CHECKS PAYABLE TO: Town of Campton**

**Certificate(s) will be mailed to the following address:**

*PLEASE PRINT*

Applicant's Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Applicant's Address: \_\_\_\_\_  
(STREET) (CITY/TOWN) (STATE) (ZIP CODE)

Applicant's Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_  
(AREA CODE & NUMBER)

Applicant's Signature: \_\_\_\_\_ Relationship to Registrants: \_\_\_\_\_  
(Signature is required.)

**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)**

Applicant appeared in person: \_\_\_\_\_

Certified Copy Sent: \_\_\_\_\_ Paid by cash/check: \_\_\_\_\_