



Town Clerk & Tax Collector's Office

OFFICIAL USE ONLY NUMBER (S):
REQUESTED
ISSUED BY & DATE:

10 Gearty Way, Campton, NH 03223 ~ 603-726-3223, ext. 102 and ext. 103

APPLICATION FOR A VITAL RECORDS CERTIFICATE

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

BIRTH Number of copies (first copy issued at \$15.00; each additional copy, \$10.00) Name of Child Child's Sex Full Name of Father/Parent Child's Birth date Full Maiden Name of Mother/Parent Child's Birth Place

DEATH Number of copies (first copy issued at \$15.00; each additional copy, \$10.00) 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 \$15.00; each additional copy, \$10.00) Full Name of Groom/Person A Date of Marriage/Civil Union Full Name of Bride/Person B Place of Marriage/Civil Union

Divorce/ Dissolution Number of copies (first copy issued at \$15.00; each additional copy, \$10.00) Full Name of Husband/Person A Date of Decree Full Name of Wife/Person B Place of Decree (county)

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 MAKE CHECKS PAYABLE TO: Town of Campton IF YOU ARE MAILING THIS REQUEST PLEASE ENCLOSE A SELF ADDRESSED STAMPED BUSINESS SIZE ENVELOPE.

PLEASE PRINT

APPLICANT'S NAME: (FIRST) (MIDDLE) (LAST)

APPLICANT'S ADDRESS:

(STREET) (CITY/TOWN) (STATE) (ZIP CODE)

APPLICANT'S PHONE NO. (AREA CODE & NUMBER) EMAIL: REASON FOR REQUEST:

RELATIONSHIP TO REGISTRANT: APPLICANT'S SIGNATURE & 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 pf a vital record. (RSA 5-C:9)