

APPLICATION FOR A VITAL RECORDS CERTIFICATE

Town Clerk's Office
1923 Village Road, PO Box 248
Madison, NH 03849-0248

Official Use Only:

Number _____
Requested _____
Issued _____

PLEASE NOTE: A VALID PICTURE ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST. IF REQUESTING VIA MAIL, 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 \$15.00; each additional copy, \$10.00)

Name of Child _____

Name of Father/Parent _____

Maiden Name of Mother/Parent _____

Child's Date of Birth _____ Child's Place of Birth _____

Death Number of copies _____ (first copy issued at \$15.00; each additional copy, \$10.00)

Name of Deceased _____

Date of Death _____ Place of Death _____

Issued: _____ **With** Cause of Death/ _____ **Without** Cause of Death

Marriage / Civil Union Number of copies _____ (first copy issued at \$15.00; each additional copy, \$10.00)

Name of Groom/Person A _____

Name of Bride/Person B _____

Date of Marriage/Civil Union _____ Place of Marriage/Civil Union _____

Divorce Decree Number of copies _____ (first copy issued at \$15.00; each additional copy, \$10.00)

Name of Husband/Person A _____

Name of Wife/Person B _____

Date of Decree _____ 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: THE TOWN OF MADISON, NH

(PLEASE PRINT)

Applicant's Name: _____
(FIRST) (MIDDLE) (LAST)

Applicant's Address: _____
(STREET) (CITY/TOWN) (STATE)

Applicant's Phone No: _____
(AREA CODE & NUMBER)

Reason for Certificate Request: _____ Relationship _____

Applicant's Signature: _____
(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)