APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

Town of Canterbury
PO Box 500
Canterbury, NH 03224
Town Clerk - Tax Collector

REGISTRANT EVENT(S)

Birth   Number of copies _____ (**first** copy issued at $15.00; each **additional** copy, $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, $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)

Prior Full Name of Groom/Person A _____   Date of Marriage/Civil Union _____

Prior Full Name of Bride/Person B _____   Place of Marriage/Civil Union _____

Divorce / Civil Union 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 (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
Name: _____
  (FIRST)   (MIDDLE)   (LAST)

Applicant's
Address: _____
  (ATTENTION INFORMATION/BUSINESS NAME)   (STREET)   (APT)

_____
  (CITY/TOWN)   (STATE)   (COUNTRY)   (ZIP CODE)

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

Reason for Certificate Request: _____
  IF the Certificate is for a Foreign Consulate, you should *CLICK HERE*.

Applicant's   *Your* relationship as applicant
Signature: _____   *to* the Registrant: _____
  (Original 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:14)

PLEASE NOTE: 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). IF THE APPLICANT DOES NOT POSSESS A PHOTO ID, THEY SHOULD *CLICK HERE. 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 CLICK HERE AND FILL OUT THE BOTTOM HALF.*

PLEASE MAKE CHECKS PAYABLE TO: Town of Canterbury

I have enclosed a stamped, self-addressed, business-letter-sized envelope.

DID YOU...
  • Sign the Application?
  • Incl. a photocopy of Gov Issued ID?
  • Enclose Payment?
If not, application must be returned!

OFFICIAL USE ONLY:
NBR
TYPE(S)/AMT(S)
ISSUED

Rev. 02/13 VR201