



## APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

Town of Bradford P.O. Box 607, Bradford, NH 03221

### REGISTRANT EVENT(S)

#### Birth

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

Name of Child \_\_\_\_\_ Child's Sex \_\_\_\_\_

Parent A's Full (Maiden) Name \_\_\_\_\_ Child's Birthdate \_\_\_\_\_

Parent B'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 Person A \_\_\_\_\_ Date of Marriage/C.U. \_\_\_\_\_

Prior Full Name of Person B \_\_\_\_\_ Place of Marriage/C.U. \_\_\_\_\_

#### Divorce / Civil Union Dissolution

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

Full Name of Person A \_\_\_\_\_ Date of Decree \_\_\_\_\_

Full Name of 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: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Applicant's

Relationship

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). YOU MUST PROVIDE EVIDENCE THAT THE ADDRESS TO WHICH THE VITAL RECORD IS TO BE SENT IS INDEED YOUR ADDRESS (e.g. personal check, driver's license, utility bill).**

PLEASE MAKE CHECKS PAYABLE TO: Town of Bradford

OFFICIAL USE ONLY/ DCN:

TYPE(S)/AMOUNT(S):

ISSUED:

