

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

Town of Winchester, NH
PO Box 512
1 Richmond Rd
Winchester, NH 03470

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 Birth Date _____

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 by the Town Clerk.

Applicant's Name: _____

(First)

(Middle)

(Last)

Applicant's Address: _____

(Attention Information/Business Name)

(Street)

(Apartment)

(City/Town)

(State)

(Country)

(Zip Code)

Applicant's Phone No.: _____ Applicant's Email: _____

Reason for Certificate Request: _____

Applicant's Signature: _____ Your relationship as applicant to the Registrant: _____

NOTICE: Any person shall be guilty of a CLASS B felony if he/she willfully and knowingly makes any false statement in 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 (example 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 (example personal check, driver's license, utility bill).

Please make checks payable to: **Town of Winchester, PO Box 512, Winchester, NH 03470**. We also accept cash and cards.