

**APPLICATION FOR A VITAL RECORDS CERTIFICATE**

Alstead Town Clerk, P.O. Box 65, Alstead, NH 03602

**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 Certificate**

Number of Copies \_\_\_\_\_ (First copy issued at \$15.00, each additional copy, \$10.00)  
Name of Child \_\_\_\_\_ Child's Sex \_\_\_\_\_  
Name of Father/Parent \_\_\_\_\_ Maiden Name \_\_\_\_\_ Name of  
Mother/Parent \_\_\_\_\_ Child's Birth  
date \_\_\_\_\_ Child's Birthplace \_\_\_\_\_

**Marriage Certificate**

Number of Copies \_\_\_\_\_ (First copy issued at \$15.00, each additional copy, \$10.00)  
Name of Groom/Person A \_\_\_\_\_ Marriage Date \_\_\_\_\_  
Name of Bride/Person B \_\_\_\_\_ Marriage Place \_\_\_\_\_

**Death Certificate**

Number of Copies \_\_\_\_\_ (First copy issued at \$15.00, each additional copy, \$10.00) Name of  
Deceased \_\_\_\_\_ Sex \_\_\_\_\_  
Date of Death \_\_\_\_\_  
Issued With \_\_\_\_\_ Cause of Death/ Without \_\_\_\_\_ Cause of Death

**Divorce Decree**

Number of Copies \_\_\_\_\_ (First copy issued at \$15.00, each additional copy, \$10.00)  
Name of Husband /Person A \_\_\_\_\_ Date of Decree \_\_\_\_\_  
Name of Wife /Person B \_\_\_\_\_ Place of Decree \_\_\_\_\_

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 Alstead**

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

Please Print

Applicant's Name: \_\_\_\_\_ (First) (Middle) (Last) Applicant's  
Address: \_\_\_\_\_ (Street) (City/Town) (State) (Zip Code)  
Applicant's Phone No: \_\_\_\_\_ Email: \_\_\_\_\_ Reason for  
Certificate Request: \_\_\_\_\_ Applicant's  
Signature: \_\_\_\_\_ (Signature Required)  
Relationship to Registrant: \_\_\_\_\_

**First copy issued at \$15.00, each additional copy, \$10.00,  
Checks made payable to: Town of Alstead**

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)