

# APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

LINCOLN TOWN CLERK  
VITAL RECORDS  
148 MAIN STREET  
PO BOX 39  
LINCOLN, NH 03251

REGISTRANT EVENT(S) \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

**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: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Your relationship as applicant 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: THE APPLICANT'S GOVERNMENT ISSUED PHOTO ID MUST BE PROVIDED IN PERSON OR LEGIBLE PHOTOCOPY INCLUDED WITH THIS REQUEST (i.e. driver's license, non-driver's ID, passport).**

**CASH OR CHECKS ARE ACCEPTED**  
Please make checks payable to: TOWN OF LINCOLN

CERTIFIED COPY SENT: \_\_\_\_\_

CERTIFIED COPY HAND GIVEN: \_\_\_\_\_