



APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

Mailing Address

Town Clerk
PO Box 55
Hebron, NH 03241

Physical Address

Town Offices Building
7 School Street
Hebron, NH 03241

Please be sure you...

- Include a photocopy of your government issued photo ID
- Enclose the correct payment; **checks payable to the Town of Hebron**
- Sign the application

QUESTIONS? Please contact the Town Clerk
Phone: (603) 744-7999 or Email: clerk@hebronnh.gov

First copy issued at \$15.00; each additional copy of the same type of record is \$10.00. Example: two copies of a marriage license requested, the fee is \$25.00; one copy of a birth certificate and one copy of a marriage license requested, the fee is \$30.00

BIRTH # of Copies: _____

Name of Child: _____

Father's/Parent's Full (Maiden) Name: _____

Mother's/Parent's Full (Maiden)
Name _____

Child's Sex: _____

Child's Birthdate: _____ / _____ / _____

Child's Birthplace _____

DEATH # of Copies: _____

Full Name of Deceased: _____

Date of Death: _____ / _____ / _____ Gender/Sex: _____

Place of Death: _____

Issued **With** ☐ **Without** Cause of Death ☐

MARRIAGE/CIVIL UNION # of Copies: _____

Prior Full Name of Groom/Person A _____

Prior Full Name of Bride/Person B _____

Marriage/Civil Union Date _____ / _____ / _____

Marriage/Civil Union Place _____

DIVORCE/CIVIL UNION DISSOLUTION # of Copies: _____

Full Name of Husband/Person A _____

Full Name of Wife/Person B _____

Date of Decree _____

County of Decree _____

New Hampshire law (RSA 5-C:10) requires that a nonrefundable search fee be collected for each record requested. If the requested record is located and you meet eligibility requirements, the number of certified copies of the located record will be issued to you.

APPLICANT INFORMATION

Name: _____

FIRST

MIDDLE

LAST

Address: _____

ATTN/BUSINESS NAME

STREET

APT

CITY/TOWN

STATE

COUNTRY

ZIP CODE

PHONE NUMBER

EMAIL

REASON FOR CERTIFICATE REQUEST

APPLICANT'S ORIGINAL SIGNATURE

YOUR RELATIONSHIP AS APPLICANT TO THE REGISTRANT

NOTICE: Per RSA 5-C:14, any person shall be guilty of a CLASS B felony if the individual willfully and knowingly makes any false statement in an application for a vital record certified copy.

A legible photocopy of the applicant's government issued photo identification must accompany this request and provide proof of address (i.e., personal check, driver's license, utility bill).

FOR TOWN USE ONLY:

PYMT:	Check	Cash	Credit Card
AMT PD:		ID PRESENTED:	
DATE ISSUED:		DL	PASSPORT