

NON-CERTIFIED DOCUMENT APPLICATION FORM

New Hampshire Department of State
Division of Vital Records Administration
9 Ratification Way
Concord, NH 03301-2455

REGISTRANT EVENT(S)

Please complete online prior to signing.

The following documents are available as Non-Certified **ONLY**.

Stillborn/Fetal Death Certificate 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 _____

Affidavit of Paternity 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 _____

Pre-adoption Birth Record Number of copies ____ (first copy issued at \$15.00; each additional copy, \$10.00)

Name of Applicant after Adoption _____ Child's Sex _____

Adoptive Father's/Parent's Full (Maiden) Name _____ Child's Birthdate _____

Adoptive Mother's/Parent's Full (Maiden) Name _____ Child's Birthplace _____

Decorative Heirloom Birth Certificate: *for immediate family members only.*

Decorative Heirloom Birth Certificate Gift Card: *for cousins, in-laws, friends and immediate family.*

Please specify type and quantity: Heirloom Birth Certificate(s) ____ and/or Gift Card(s) ____ at \$25.00 **each**.

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 _____

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)

Phone No.: _____ Email: _____
(AREA CODE & NUMBER)

Reason for Certificate Request: _____

Applicant's Signature: _____
(Signature is required.)

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 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). IF THE APPLICANT DOES NOT POSSESS A PHOTO ID, THEY SHOULD [CLICK HERE](#).

DO NOT SEND CASH. PLEASE MAKE CHECKS PAYABLE TO: Treasurer-State of New Hampshire

DID YOU...

- * Sign the application?
- * Incl. a **photocopy** of Gov. Issued ID?
- * Enclose payment?

If not, application must be returned.

OFFICIAL USE ONLY:

NBR
TYPE(S)/AMT(S)
ISSUED