

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

Cert#: _____

Rec#: _____

Pay Type: _____

**City Clerk's Office
City of Keene**

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 _____

Date of Death _____ Place of Death _____ Issued* **With / Without** Cause of Death

*If this is for insurance purposes, please request with cause of death. Suppress SSN **Yes / No**

Marriage Number of copies _____ (first copy issued at \$15.00; each additional copy, \$10.00)

Prior Full Name of Person A _____ Date of Marriage _____

Prior Full Name of Person B _____ Place of Marriage _____

Divorce Number of copies _____ (first copy issued at \$15.00; each additional copy, \$10.00)

Full Name of Person A _____ Date of Decree _____

Full Name of Person B _____ Place of Decree (County) _____

APPLICANTS: 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 information:

Name: _____
(FIRST) (MIDDLE) (LAST)

Address: _____
(STREET) (APT./UNIT)

(CITY/TOWN) (STATE) (ZIP CODE)

Applicant's signature _____ Applicant phone # _____

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)

DL#: _____
State: _____