



City of Dover, New Hampshire  
City Clerk  
APPLICATION FOR VITAL RECORDS CERTIFICATE

**PLEASE NOTE: A VALID PICTURE ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST. IF NO PICTURE ID IS AVAILABLE, PLEASE CONTACT OUR OFFICE AT (603) 516-6018.**

**Birth** Number of Copies \_\_\_\_\_ (First copy issued at \$15.00; each addition copy, \$10.00)

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Father/Parent \_\_\_\_\_

Name of Mother/Parent – include Maiden name \_\_\_\_\_

**Death** Number of Copies \_\_\_\_\_ (First copy issued at \$15.00; each addition copy, \$10.00)

Name of Deceased \_\_\_\_\_ Date of Death \_\_\_\_\_

Short form **without** manner of death \_\_\_\_\_ Issued **with** manner of death \_\_\_\_\_ Long form issued **with** manner of death \_\_\_\_\_

**Marriage** Number of Copies \_\_\_\_\_ (First copy issued at \$15.00; each addition copy, \$10.00)

Name of Person A \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Name of Person B \_\_\_\_\_ Place Marriage Took Place \_\_\_\_\_

**Divorce** Number of Copies \_\_\_\_\_ (First copy issued at \$15.00; each addition copy, \$10.00)

Name of Person A \_\_\_\_\_ Date of Decree \_\_\_\_\_

Name of Person B \_\_\_\_\_ Place of Decree (Court) \_\_\_\_\_

**NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE OF \$15.00 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: CITY OF DOVER**

**REQUESTER'S INFORMATION**

Applicant's Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Applicant's Address: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip Code)

Applicant's Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_  
(Area Code & Number)

Reason for Certificate Request: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Relationship to Person on Record: \_\_\_\_\_  
(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:9)**