

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

Town of Effingham
Office of the Town Clerk/Tax Collector
68 School Street
Effingham, NH 03882

REGISTRANT EVENT(S)

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: A legible photocopy of the applicant's government issued photo MUST be included with this request (for example, driver's license, non-driver's ID, passport).

DO NOT SEND CASH. PLEASE MAKE CHECKS PAYABLE TO: **TOWN OF EFFINGHAM**

I have enclosed a stamped, self-addressed, business-letter-sized envelope.

DID YOU...

- Sign the Application?
- Incl. a photocopy of Gov Issued ID?
- Enclose Payment?

If not, application must be returned!