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State of New Hampshire

Department of State
Division of Vital Records Administration
9 Ratification Way
Concord, NH 03301-2455
(603) 271-4650 or (603) 271-4662

Assignment of Access to a New Hampshire Vital Record

Affidavits from a registrant authorizing a non-direct or tangibly related individual access or third-party mailing of a record shall always be notarized. *(See form attached)*

The individual assigned access to the registrant's record stated in the notarized affidavit shall be suitably identified with picture identification of which a copy will be taken and attached to the request.

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Assignment of Non-related individual access.

Notary Public / Justice of the Peace Acknowledgement:

I authorize my record to be released to a third person: ____.

Signature: ____ Date: ____________________

State of ________________, County of: ____________________ Date: ____________________

The above named ____________________________________ personally appeared and made oath

that the above declaration by him/her is true.

In witness whereof, I hereunto set my hand and official seal:

____________________________________ ____________________

Notary Public/Justice of the Peace Commission Expiration Date

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Assignment of additional mailing address.

Notary Public / Justice of the Peace Acknowledgement:

I authorize my record to be mailed to the following address:

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(Name listed on envelope) *(Street Address)* *(City / State / Zip code)*

Signature: ____ Date: ____________________

State of ________________, County of: ____________________ Date: ____________________

The above named ____________________________________ personally appeared and made oath

that the above declaration by him/her is true.

In witness whereof, I hereunto set my hand and official seal:

____________________________________ ____________________

Notary Public/Justice of the Peace Commission Expiration Date