

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

City of Laconia
Office of the City Clerk
45 Beacon Street East
Laconia, NH 03246
(603) 527-1265
cityclerk@laconianh.gov

REGISTRANT EVENT(S)

Please complete online prior to signing!

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.: _____ (AREA CODE & NUMBER) Email: _____

Reason for Certificate Request:

IF the Certificate is for a Foreign Consulate, you should [CLICK HERE](#).

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 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](#). **YOU MUST PROVIDE EVIDENCE THAT THE ADDRESS TO WHICH THE VITAL RECORD IS TO BE SENT IS INDEED YOUR ADDRESS** (eg. personal check, driver's license, utility bill), OTHERWISE [CLICK HERE](#) AND FILL OUT THE BOTTOM HALF.

DO NOT SEND CASH. PLEASE MAKE CHECKS PAYABLE TO: City of Laconia - City Clerk

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!

OFFICIAL USE ONLY:

NBR

TYPE(S)/AMT(S)

ISSUED