



**State of New Hampshire**  
Department of State  
Division of Vital Records Administration  
71 South Fruit Street  
Concord, New Hampshire 03301-2410  
(603) 271-4650 or (603) 271-4662



**DOCUMENTARY EVIDENCE REQUIRED**

Effective January 1, 2005, all individuals requesting a certified copy of a record (Pursuant to RSA 5-C:102, VI) must present positive identification, including, but not limited to, a driver's license, passport or other government issued picture identification.

**Or:**

Those without acceptable photo identification shall supply a photocopy of **two (2)** documents listed below. Any document submitted shall be in the name of the individual requesting the record.

*(Example: if a utility bill is sent, the name and address of the requestor must be listed.)*

Failure to sign & submit two acceptable documents in place of the required picture identification shall result in the application being rejected & returned to the requester. One of the documents must reflect current physical address. If no document submitted matches your current address, click on this notarization form.

❖ **THIS FORM SHALL ACCOMPANY THE APPLICATION REQUIRING A CERTIFIED COPY OF A NEW HAMPSHIRE VITAL RECORD.**

I declare that I do not have picture identification and that I have presented the TWO ATTACHED documents:

Please PRINT the following information:

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Applicant's residence address (house number, street name, city/town, state, zip code)

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Utility Bills  
\_\_\_\_\_  
Bank Statements  
\_\_\_\_\_  
Car Registration  
\_\_\_\_\_  
Copy of income tax return  
\_\_\_\_\_  
Personal check with address  
\_\_\_\_\_  
A previously issued vital record/marriage license  
\_\_\_\_\_  
Letter from government agency requesting a vital record, e.g., DHS, WIC  
\_\_\_\_\_  
Department of Corrections Identification Card  
\_\_\_\_\_  
Other: \_\_\_\_\_

\_\_\_\_\_  
Social Security Card / DD-214  
\_\_\_\_\_  
Hospital Birth Worksheet  
\_\_\_\_\_  
Lease/Rental Agreement  
\_\_\_\_\_  
Pay stub (W-2)  
\_\_\_\_\_  
Voter Registration Card  
\_\_\_\_\_  
Disability award from SSA

\_\_\_\_\_  
Description

**ATTACH photocopies of BOTH documents to this form when returning the application.**