



# 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.)*

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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.**

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

Please PRINT the following information:

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Name of applicant

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

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Signature of applicant

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Date of signature

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<input type="checkbox"/> Utility Bills	<input type="checkbox"/> Social Security Card / DD-214
<input type="checkbox"/> Bank Statements	<input type="checkbox"/> Hospital Birth Worksheet
<input type="checkbox"/> Car Registration	<input type="checkbox"/> Lease/Rental Agreement
<input type="checkbox"/> Copy of income tax return	<input type="checkbox"/> Pay stub (W-2)
<input type="checkbox"/> Personal check with address	<input type="checkbox"/> Voter Registration Card
<input type="checkbox"/> A previously issued vital record/marriage license	<input type="checkbox"/> Disability award from SSA
<input type="checkbox"/> Letter from government agency requesting a vital record, e.g., DHS, WIC	
<input type="checkbox"/> Department of Corrections Identification Card	
<input type="checkbox"/> Other: _____	Description

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