

# Town of Seabrook

99 Lafayette Road / P.O. Box 476, Seabrook N.H. 03874

## APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

**PLEASE NOTE: A VALID PICTURE I.D. IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST**

Number of copies requested \_\_\_\_\_ one copy is \$15.00, each additional copy is \$10.00)

### REGISTRANT EVENT

Please complete the appropriate event section and applicant section

#### BIRTH

Name of Child on Record \_\_\_\_\_

Mother/Parent A \_\_\_\_\_ Child's DOB \_\_\_\_\_  
Month/Day/Year

Father/Parent B \_\_\_\_\_ Child's Place of Birth \_\_\_\_\_  
City/Town

#### DEATH

Name of Deceased \_\_\_\_\_ Sex \_\_\_\_\_

Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_

\_\_\_\_\_ WITH \_\_\_\_\_ WITHOUT CAUSE OF DEATH

Would you like the Social Security number Suppressed? \_\_\_\_\_ YES \_\_\_\_\_ NO

#### MARRIAGE/CIVIL UNION

Name of Husband/Person A \_\_\_\_\_ Date of Marriage \_\_\_\_\_  
Month/Day/Year

Name of Wife/Person B \_\_\_\_\_ Place of Marriage \_\_\_\_\_  
City/Town

#### DIVORCE/DISSOLUTION

Name of Husband/Person A \_\_\_\_\_ Date of Decree \_\_\_\_\_  
Month/Day/Year

Name of Wife/Person B \_\_\_\_\_ Place of Decree \_\_\_\_\_  
City/Town

**NEW HAMPSHIRE LAW REQUIRES THAT A NON-REFUNDABLE SEARCH FEE BE COLLECTED FOR EACH RECORD REQUEST**

**\*\*\*PLEASE MAKE CHECK PAYABLE TO: THE TOWN OF SEABROOK\*\*\***

#### APPLICANT INFORMATION

Date \_\_\_\_\_ Driver's License # \_\_\_\_\_

Legal Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City/Town State Zip Code

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Reason for Request \_\_\_\_\_ Relationship to Registrant \_\_\_\_\_

Signature X \_\_\_\_\_

**Notice:** Any person shall be guilty of a class B Felony if He / She Willfully and Knowingly make any false statements in an application for a certified copy of a Vital record. (RSA S-C:9)