



City of Lebanon
51 North Park St
Lebanon, NH 03766

OFFICIAL USE ONLY	
# Copies:	_____
\$7 + \$5 = \$	_____
State:	\$8.00
# _____ X \$5.00 =	_____
Total \$	_____

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

****Photo ID is required for person making request****

BIRTH

Full Name at Birth: _____
 First Middle Last

Date of Birth: _____ Place of Birth: _____
 Month/Day/Year City/Town

Mother/Parent (Maiden) Name: _____
 First Middle (Maiden) Last

Father/Parent Name: _____
 First Middle Last

DEATH

Full Name of Deceased: _____
 First Middle Last

Date of Death: _____ Place of Death: _____
 Month/Day/Year City/Town

(Circle One) **WITH Cause of Death OR WITHOUT Cause of Death**

MARRIAGE/CIVIL UNION

Full Name of Groom/Spouse: _____
 First Middle Last

Full Name of Bride/Spouse: _____
 First Middle Last

Date of Marriage: _____ Place of Marriage: _____
 Month/Day/Year City/Town

DIVORCE/DISSOLUTION

Name of Husband/Spouse: _____
 First Middle (Married) Last

Name of Wife/Spouse: _____
 First Middle (Married) Last

Date of Divorce/Dissolution: _____ Place of Divorce: _____
 Month/Day/Year City/Town

REASON FOR REQUEST: (Circle Reason Below) #Copies Requested: _____ #Vital Records Folder: _____

Personal Record Driver's License Travel School Employment Social Security Estate Other: _____

Relationship: _____ Phone Number: _____

Applicant's Name: _____
 First Middle Last

Address: _____
 Street City/Town State zip

Signature: _____ Date: _____

New Hampshire law (RSA 5-C:10) requires that a non-refundable search fee of \$15.00 be collected for each record requested, plus \$10.00 per each additional copy for the same person.

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:9)

IF REQUESTING A VITAL RECORD THROUGH THE MAIL

****Please complete the following information****

Copies Requested: _____ # Vital Record Folders: _____

Daytime Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Mailing Address: _____
Po Box/Street City/Town State Zip

FEE'S:

1st copy of Vital Record = \$15.00

Each Additional Copy = \$10.00

Vital Record Folder = \$1.25

Please enclose a **MONEY ORDER made payable to CITY OF LEBANON**

****personal checks will not be accepted through the mail****

****If you need your record prepared for an Apostille check the box YES**

Mail application and payment to:

**City Clerk's Office
City of Lebanon
51 North Park Street
Lebanon, NH 03766**

CHECKLIST

_____ Form is completely filled out and signed

_____ Copy of Photo ID - of the person making the request (driver's license, passport, student ID)

_____ Money Order made payable to City of Lebanon (see fee's above)