



City of Lebanon
51 North Park Street
Lebanon, NH 03766

**APPLICATION FOR A CERTIFIED
COPY OF A VITAL RECORD**

Copies: _____
7 + 5 \$: _____
\$8.00: \$8.00
_____ @ \$5.00= _____
Total Rec'd: \$ _____
Date: _____
Photo ID Verified
\$ _____ Vital Record Envelops(s)

Official Use Only

BIRTH

Full Name at Birth: _____

Date of Birth: _____ Town of Birth: _____

Parent A Full (maiden) Name: _____

Parent B Full (maiden) Name: _____

Death

Full Name of Deceased: _____

Date of Death: _____ Town of Death: _____

Issued (**circle one**) WITH or WITHOUT Cause of Death

Marriage / Civil Union

Full Name of Person A (prior to this marriage): _____

Full Name of Person B (prior to this marriage): _____

Date of Marriage: _____ Town of Marriage: _____

Divorce / Dissolution

Full Married Name of Person A: _____

Full Married Name of Person B: _____

Date of Divorce: _____ County of Divorce: _____

Reason for Request: Personal Records Travel School Employment Social Security
(circle one) Social Services Estate Other: _____

Applicant's Name: _____ **Date:** _____

Applicant's Signature: _____ **Relationship:** _____
to Person on Certificate

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

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 record through the mail, please, complete the form below.

of Copies Requested: _____
(all copies will be certified originals)

of Vital Record Folders: _____
(optional) (protective folder for storing documents)

Daytime Phone Number: _____

E-Mail Address: _____

Mailing Address:

**FEES: One Copy = \$15.00 Each Additional Copy = \$10.00
Vital Record Folder = \$1.25 each**

Payment is collected at time of search. Please enclose a **MONEY ORDER made payable to CITY OF LEBANON**, personal checks will not be accepted through the mail.

Mail form and payment to: City Clerk's Office
City of Lebanon
51 North Park Street
Lebanon, NH 03766

Checklist Before Mailing:

_____ Form is filled out completely & signed

_____ Photocopy of photo ID for the person making the request (driver's license, passport, student ID)

_____ Money Order made payable to City of Lebanon (see fees above)