

APPLICATION FOR A VITAL RECORDS CERTIFICATE

Bedford Town Clerk, 24 North Amherst Road, Bedford, NH 03110

**PLEASE NOTE: A VALID PICTURE ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST.
A LEGIBLE PHOTO-COPY OF THE APPLICANT’S GOVERNMENT ISSUED PHOTO ID NEEDS TO BE INCLUDED WITH THIS REQUEST.**

Birth Certificate

Number of Copies _____ (First copy issued at \$15.00, each additional copy, \$10.00)

Name of Child _____ Child’s Sex _____

Name of Father/Parent _____

Maiden Name of Mother/Parent _____

Child’s Birth date _____ Child’s Birthplace _____

Marriage Certificate

Number of Copies _____ (First copy issued at \$15.00, each additional copy, \$10.00)

Name of Groom/Person A _____ Marriage Date _____

Name of Bride/Person B _____ Marriage Place _____

Death Certificate

Number of Copies _____ (First copy issued at \$15.00, each additional copy, \$10.00)

Name of Deceased _____ Sex _____

Date of Death _____

Issued With _____ Cause of Death/ Without _____ Cause of Death

Divorce Decree

Number of Copies _____ (First copy issued at \$15.00, each additional copy, \$10.00)

Name of Husband /Person A _____ Date of Decree _____

Name of Wife /Person B _____ Place of Decree _____

NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE BE COLLECTED FOR EACH RECORD REQUESTED IF THE RECORD IS LOCATED AND YOU MEET ELIGIBILITY REQUIREMENTS, YOU WILL BE ISSUED THE REQUESTED NUMBER OF CERTIFIED COPIES OF THAT RECORD. PLEASE MAKE CHECKS PAYABLE TO: **Town of Bedford**

I have enclosed a stamped, self-addressed, business-letter-sized envelope.

Please Print

Applicant’s Name: _____ (First) (Middle) (Last)

Applicant’s Address: _____ (Street) (City/Town) (State) (Zip Code)

Applicant’s Phone No: _____ Email: _____

Reason for Certificate Request: _____

Applicant’s Signature: _____ (Signature Required)

Relationship to Registrant: _____

First copy issued at \$15.00, each additional copy, \$10.00,

Checks made payable to: The Town Of Bedford

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)