APPLICATION FOR A VITAL RECORDS CERTIFICATE

TOWN CLERK'S OFFICE

33 Old Portland Road - PO Box 457 - Freedom, NH 03836

Please note: a valid picture ID is required in order to process your request. If requesting via mail, a legible photocopy of the applicant's government issued photo ID is required with the request and a self-addressed, stamped envelope.

APPLICATION FOR	CERTIFIE	ED COPY/C	OPIES OF A	
Circle one (or more): MA	ARRIAGE	DEATH	BIRTH CERTIFICATE	
NAME(S) OF PARTY (S):				
DATE(s) OF EVENT:				
LOCATION(s) OF EVENT(s):	-		
Applicant's Name:	Address:		Tel #	
PURPOSE OF REQUEST:	-			
RELATIONSHIP TO PART				
DATE:		(cignot)	ure of applicant)	
		(signat	are or applically	

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 the <u>Town of Freedom</u>. The fee is \$15.00 per search and/or copy. Additional subsequent copies are \$10.00 each if ordered at the same time.

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:14 II (a)]