

APPLICATION FOR A VITAL RECORDS CERTIFICATE

City of Berlin
168 Main Street
Berlin, NH 03570

OFFICIAL USE ONLY:
NUMBER _____
REQUESTED _____
ISSUED _____

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. IF THE APPLICANT DOES NOT POSSESS A PHOTO ID, THEY SHOULD [CLICK HERE](#).

Birth Number of copies _____ (first copy issued at \$15.00; each additional copy, \$10.00)

Name of Child _____ Child's Sex _____

Full Name of Father/Parent _____ Child's Birthdate _____

Full Maiden Name of Mother/Parent _____ Child's Birthplace _____

Death Number of copies _____ (first copy issued at \$15.00; each additional copy, \$10.00)

Full Name of Deceased _____ Sex _____

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

Marriage / Civil Union Number of copies _____ (first copy issued at \$15.00; each additional copy, \$10.00)

Full Name of Groom/Person A _____ Date of Marriage/Civil Union _____

Full Name of Bride/Person B _____ Place of Marriage/Civil Union _____

Divorce / Civil Union Dissolution Number of copies _____ (first copy issued at \$15.00; each additional copy, \$10.00)

Full Name of Husband/Person A _____ Date of Decree _____

Full Name of Wife/Person B _____ Place of Decree (county) _____

Decorative Non-Certified Heirloom Birth Certificate Number of copies _____ (\$25.00 per copy)

Name of Child _____ Child's Sex _____

Full Name of Father/Parent _____ Child's Birthdate _____

Full Maiden Name of Mother/Parent _____ Child's Birthplace _____

Non-Certified Pre-adoption Birth Record Number of copies _____ (first copy issued at \$15.00; each add'l copy, \$10.00)

Name of Applicant after Adoption _____ Child's Sex _____

Name of Adoptive Father _____ Child's Birthdate _____

Maiden Name of Adoptive Mother _____ Child's Birthplace _____

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: City of Berlin

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: _____
(AREA CODE & NUMBER)

Reason for Certificate Request: _____

Applicant's Signature: _____ Relationship To Registrant: _____
(Signature is required.)

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)