APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

Berlin City Clerk 168 Main Street Berlin, NH 03570 603-752-2340 sfortin@berlinnh.gov

REGISTRANT EVENT(S)

Birth	Number of Copies	umber of Copies (first copy issued at \$15.00; each additional copy \$10.00)	
Name of Child		Child's Se	
Father's/Parent's Full (Maiden) Name			rthdate
Mother's/Parent's Full (Maiden) Name		Child's Bir	thplace
Death Full Name of Deceased	Number of Copies	(first copy issued at \$	15.00; each additiona l copy \$10.00) Sex
Date of Death Place of I	Death	Issuedwith/	_without cause of death
Marriage/Civil Union Prior Full Name of Groom/Person A Prior Full Name of Bride/Person B		Date of Marriage/Civil Union	
Divorce/Civil Union Dissolution Number of Copies			ecree
New Hampshire law (RSA 5-C:10) requires the is located and you meet eligibility requirements			·
Applicant's Name:			
(FIRST) Applicant's Address:	(MI	DDLE)	(LAST)
(ATTENTION INFORMATION/BUSINESS NAM	E) (STF	REET)	(APT)
(CITY/TOWN)	(STATE)	(COUNTRY)	(ZIPCODE)
Applicant's			
Phone No.:	Email:		
(AREA CODE & NUMBER) Reason for Certificate Request:			
		nalatianakin!! !	
Applicant's	Your relationship as applicant		
Signature:(ORIGINAL SIGNATURE IS RE		the Registrant:	

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)

PLEASE NOTE: A LEGIBLE PHOTOCOPY OF THE APPLICANT'S GOVERNMENT ISSUED PHOTO ID MUST BE INCLUDED WITH THIS REQUEST (i.e. driver's license, non-driver's ID, passport).

DO NOT SEND CASH. Please make checks payable to: City of Berlin

DID YOU.....

- * Sign the Application?
- * Include a photocopy of Gov Issued ID?
- * Enclose Payment?

If the application does not contain all required documents, it must be returned!