

APPLICATION FOR VITAL RECORDS CERTIFICATE

Hopkinton Town Clerk
330 Main Street
Hopkinton, NH 03229

Official Use Only:

Number _____
Requested _____
Issued _____

PLEASE NOTE: A valid photo ID is required in order to process your request. If requesting via mail, a legible photocopy of the applicant's government issued photo ID must be included with the request.
(PLEASE PRINT)

BIRTH

Number of copies _____ (first copy issued \$15; additional copies purchased at the same time \$10)

Name at Birth _____
Name of Father/Parent _____
Maiden Name of Mother/Parent _____
Date of Birth _____ Place of Birth _____

MARRIAGE

Number of copies _____ (first copy issued \$15; additional copies purchased at the same time \$10)

Name of Groom/Person A (Prior to Marriage) _____
Name of Bride/Person B (Prior to Marriage) _____
Date of Marriage/Civil Union _____ Place of Marriage/Civil Union _____

DEATH

Number of copies _____ (first copy issued \$15; additional copies purchased at the same time \$10)

Name of Deceased _____
Date of Death _____ Place of Death _____
Issued: (please check one) ☐ WITH Cause of Death ☐ WITHOUT Cause of Death

DIVORCE DECREE

Number of copies _____ (first copy issued \$15; additional copies purchased at the same time \$10)

Name of Husband/Person A _____
Name of Wife/Person B _____
Date of Decree _____ Place of Decree (County) _____

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 Hopkinton

Applicant's Name _____
(FIRST) (MIDDLE) (LAST)
Applicant's Address _____
(STREET) (CITY/TOWN) (STATE/ZIP)
Applicant's Phone Number _____
Reason for Request _____ Relationship (to record you're requesting) _____
Applicant's Signature _____
(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)