**City of Dover, New Hampshire**  
City Clerk  
APPLICATION FOR VITAL RECORDS CERTIFICATE

**PLEASE NOTE:** A VALID PICTURE ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST. IF NO PICTURE ID IS AVAILABLE, PLEASE CONTACT OUR OFFICE AT (603) 516-6018.

### Birth
- **Number of Copies** __________ (First copy issued at $15.00; each addition copy, $10.00)
- **Name of Child** ___________________________________________ **Date of Birth** __________
- **Name of Father/Parent** ___________________________________________
- **Name of Mother/Parent** – include Maiden name_ ___________________________________________

### Death
- **Number of Copies** __________ (First copy issued at $15.00; each addition copy, $10.00)
- **Name of Deceased** ___________________________________________ **Date of Death** __________
- Short form **without** manner of death_____ Issued **with** manner of death_____ Long form issued with manner of death____

### Marriage
- **Number of Copies** __________ (First copy issued at $15.00; each addition copy, $10.00)
- **Name of Person A** ___________________________________________ **Date of Marriage** __________
- **Name of Person B** ___________________________________________ **Place Marriage Took Place** __________

### Divorce
- **Number of Copies** __________ (First copy issued at $15.00; each addition copy, $10.00)
- **Name of Person A** ___________________________________________ **Date of Decree** __________
- **Name of Person B** ___________________________________________ **Place of Decree (Court)** __________

NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE OF $15.00 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 DOVER

**REQUESTER’S INFORMATION**

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

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

Applicant’s Phone No.: __________ (Area Code & Number) Email:________________________________________

Reason for Certificate Request: ___________________________________________

Applicant’s Signature: ___________________________________________ Relationship to Person on Record: ___________________________________________

(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)