Print Reset

# State of New Hampshire

Department of State
Division of Vital Records Administration
71 South Fruit Street
Concord, New Hampshire 03301-2410
(603) 271-4650 or (603) 271-4662

## *DOCUMENTARY EVIDENCE REQUIRED*

Effective January 1, 2005, all individuals requesting a certified copy of a record (Pursuant to RSA 5-C:102, VI) must present positive identification, including, but not limited to, a driver's license, passport or other government issued picture identification.

## Or:

Those without acceptable photo identification shall supply a photocopy of **two (2)** documents listed below. Any document submitted shall be in the name of the individual requesting the record.
(*Example: if a utility bill is sent, the name and address of the requestor must be listed.*)

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**Failure to sign & submit *two* acceptable documents in place of the required picture identification shall result in the application being rejected & returned to the requester. One of the documents *must* reflect current physical address. If no document submitted matches your current address, click on this notarization form.**

❖ **THIS FORM SHALL ACCOMPANY THE APPLICATION REQUIRING A CERTIFIED COPY OF A NEW HAMPSHIRE VITAL RECORD.**

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I declare that I do not have picture identification and that I have presented the TWO ATTACHED documents:

Please PRINT the following information:

_____
Name of applicant

_____
Applicant's residence address (house number, street name, city/town, state, zip code)

_____
Signature of applicant Date of signature

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- ____ Utility Bills
- ____ Bank Statements
- ____ Car Registration
- ____ Copy of income tax return
- ____ Personal check with address
- ____ A previously issued vital record/marriage license
- ____ Letter from government agency requesting a vital record, e.g., DHS, WIC
- ____ Department of Corrections Identification Card
- ____ Other: _____
  Description
- ____ Social Security Card / DD-214
- ____ Hospital Birth Worksheet
- ____ Lease/Rental Agreement
- ____ Pay stub (W-2)
- ____ Voter Registration Card
- ____ Disability award from SSA

**ATTACH photocopies of BOTH documents to this form when returning the application.**
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