State of New Hampshire

Department of State
Division of Vital Records Administration
71 South Fruit Street
Concord, New Hampshire 03301-2410
(603) 271-4651

DOCUMENTARY EVIDENCE REQUIRED

Effective January 1, 2005 all individuals requesting a certified copy of a record (Pursuant to RSA 5 C-16) must present positive identification, including, but not limited to, a driver's license, passport or other government issued picture identification.

Please return all correspondence with a photocopy of your ID.

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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*)

Failure to sign & submit two acceptable documents in place of the required picture identification shall result in this application being rejected & returned to the requester.

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

Please PRINT the following information:

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Name of applicant

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

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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

___Social Security Card/DD-214

___Hospital Birth Worksheet

___Lease/rental agreement

___Pay stub (W-2)

___Voter Registration Card

___Disability award from SSA

___Letter from government agency requesting a vital record, e.g., DHS, WIC

___Department of Corrections Identification Card____

Other: ____

Description

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

DVRA Supervisor Approval Signature: ________________________________
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