



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                                                           | ___ Social Security Card / DD-214 |
| ___ Bank Statements                                                         | ___ Hospital Birth Worksheet      |
| ___ Car Registration                                                        | ___ Lease/Rental Agreement        |
| ___ Copy of income tax return                                               | ___ Pay stub (W-2)                |
| ___ Personal check with address                                             | ___ Voter Registration Card       |
| ___ A previously issued vital record/marriage license                       | ___ 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 the application.**