



**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



**Assignment of Access to a New Hampshire Vital Record**

Affidavits from a registrant authorizing a non-direct or tangibly related individual access or third-party mailing of a record shall always be notarized. *(See form attached)*

The individual assigned access to the registrant's record stated in the notarized affidavit shall be suitably identified with picture identification of which a copy will be taken and attached to the request.

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**Assignment of Non-related individual access.**

Notary Public / Justice of the Peace Acknowledgement:

I authorize my record to be released to a third person: \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_, County of: \_\_\_\_\_ Date: \_\_\_\_\_

The above named \_\_\_\_\_ personally appeared and made oath that the above declaration by him/her is true.

In witness whereof, I hereunto set my hand and official seal:

\_\_\_\_\_  
Notary Public/Justice of the Peace

\_\_\_\_\_  
Commission Expiration Date

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**Assignment of additional mailing address.**

Notary Public / Justice of the Peace Acknowledgement:

I authorize my record to be mailed to the following address:

\_\_\_\_\_  
(Name listed on envelope) (Street Address) (City / State / Zip code)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_, County of: \_\_\_\_\_ Date: \_\_\_\_\_

The above named \_\_\_\_\_ personally appeared and made oath that the above declaration by him/her is true.

In witness whereof, I hereunto set my hand and official seal:

\_\_\_\_\_  
Notary Public/Justice of the Peace

\_\_\_\_\_  
Commission Expiration Date