

State of New Hampshire

Department of State Division of Vital Records Administration 9 Ratification Way Concord, NH 03301-2455 (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.

Assignment of Non-related individual access.

	d 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 a	nd official seal:
Notary Public/Justice of the Peace	Commission Expiration Date
Assignment of additional mailing address	
Assignment of additional mailing address Notary Public / Justice of the Peace Acknowle I authorize my record to be mailed to the follo	edgement:
Notary Public / Justice of the Peace Acknowle	edgement:
Notary Public / Justice of the Peace Acknowle	edgement: owing address: (Street Address) (City / State / Zip cod
Notary Public / Justice of the Peace Acknowle I authorize my record to be mailed to the follo (Name listed on envelope)	edgement: owing address: (Street Address) (City / State / Zip cod Date:
Notary Public / Justice of the Peace Acknowle I authorize my record to be mailed to the follo (<i>Name listed on envelope</i>) Signature:, County of:	edgement: owing address: (Street Address) (City / State / Zip cod Date:
Notary Public / Justice of the Peace Acknowle I authorize my record to be mailed to the follo (<i>Name listed on envelope</i>) Signature:, County of:	edgement: wing address: (<i>Street Address</i>) Date: Date: