



**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



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

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