APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

TOWN OF STRATHAM 10 Bunker Hill Ave. Stratham, NH 03885



REGISTRANT EVENT(S)

Birth Name of Child	Number of cor		ppy issued at \$15.00; each ac	dditional copy, \$10.00)	
Father's/Parent's Full (N	/laiden) Name		Child's E	Birthdate	
Mother's/Parent's Full (Maiden) Name			Child's Birthplace		
Death Full Name of Deceased	7	111	py issued at \$15.00; each ac	Sex	
Date of Death	Place of Death	Place of Death Issued With		/ Without Cause of Death	
Prior Full Name of Groo	m/Person A		py issued at \$15.00; each ac Date of Marriage/C	ivil Union	
Full Name of Husband/F	erson A		rst copy issued at \$15.00; each Date of Decree Place of Decree (Co		
New Hampshire law (RSA record is located and you necord.	5-C:10) requires that a neet eligibility requirement	nonrefundable sea nts, you will be issu	arch fee be collected for each re ued the requested number of ce	cord requested. If the rtified copies of that	
Applicant's Name:					
Applicant's	FIRST)	(MIDDL	E)	(LAST)	
(ATTENTION INFORM	ATION/BUSINESS NAME)	(STREET)		(APT)	
Annlicant's	ITY/TOWN)	(STATE)	(COUNTRY)	(ZIP CODE)	
Phone No.:(AREA CODE	& NUMBER)	mail:			
Reason for Certificate Request			w		
pplicant's			Your relationship as applicant to the Registrant:	×	
- (0	riginal signature is required		knowingly makes any false stateme		

PLEASE NOTE: A VALID PICTURE ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST. A LEGIBLE PHOTO COPY OF THE APPLICANT'S GOVERNMENT ISSUED PHOTO ID NEEDS TO BE INCLUDED WITH THIS REQUEST.