

**APPLICATION FOR A VITAL RECORDS CERTIFICATE**

Town of Conway  
 Town Clerk/Tax Collector's Office  
 23 Main Street -P.O. Box 2680  
 Conway, NH 03818

DATE:

<b>OFFICIAL USE ONLY:</b>
NUMBER
REQUESTED
ISSUED

**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.**

**Birth** Number of copies \_\_\_\_\_ (first copy issued at \$15.00; each additional copy, \$10.00)  
 Name of Child \_\_\_\_\_ Child's Sex \_\_\_\_\_  
 Full Name of Father/Parent \_\_\_\_\_ Child's Birthdate \_\_\_\_\_  
 Full Maiden Name of Mother/Parent \_\_\_\_\_ Child's Birthplace \_\_\_\_\_

**Death** Number of copies \_\_\_\_\_ (first copy issued at \$15.00; each additional copy, \$10.00)  
 Full Name of Deceased \_\_\_\_\_ Sex \_\_\_\_\_  
 Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_ Issued  **With** /  **Without** Cause of Death

**Marriage / Civil Union** Number of copies \_\_\_\_\_ (first copy issued at \$15.00; each additional copy, \$10.00)  
 Full Name of Groom/Person A \_\_\_\_\_ Date of Marriage/Civil Union \_\_\_\_\_  
 Full Name of Bride/Person B \_\_\_\_\_ Place of Marriage/Civil Union \_\_\_\_\_

**Divorce / Civil Union Dissolution** Number of copies \_\_\_\_\_ (first copy issued at \$15.00; each additional copy, \$10.00)  
 Full Name of Husband/Person A \_\_\_\_\_ Date of Decree \_\_\_\_\_  
 Full Name of Wife/Person B \_\_\_\_\_ Place of Decree (county) \_\_\_\_\_

**To Request a Record ONLINE:**

Go to our website [www.conwaynh.org](http://www.conwaynh.org). From the top of the main page, select Government; select Town Departments from the drop down list; and select Town Clerk/Tax Collector from the list on the right. On the Town Clerk/Tax Collector page click on the Vital Records Icon. Complete the request form and pay by e-check using the bank routing number and checking account number or you can pay by debit or credit card. In order for us to process your request, a photocopy of your government issued photo ID can be mailed, faxed, scanned and emailed to our office or you can upload a copy right to the online request form. Please be aware that transaction and mailing fees apply.

**NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE BE COLLECTED FOR EACH RECORD REQUESTED. IF THE RECORD IS LOCATED AND YOU MEET ELIGIBILITY REQUIREMENTS, YOU WILL BE ISSUED THE REQUESTED NUMBER OF CERTIFIED COPIES OF THAT RECORD. PLEASE MAKE CHECKS PAYABLE TO: Town of Conway**

**I have enclosed a stamped, self-addressed, business-letter-sized envelope.**

*PLEASE PRINT*

Applicant's Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Applicant's Address: \_\_\_\_\_  
(STREET) (CITY/TOWN) (STATE) (ZIP CODE)

Applicant's Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_  
(AREA CODE & NUMBER)

Reason for Certificate Request: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Relationship To Registrant: \_\_\_\_\_  
(Signature is required.)

**NOTICE: Any person shall be guilty of a CLASS B Felony if he/she willfully and knowingly makes any false statement in an application for a certified copy of a vital record. (RSA 5-C:9)**