APPLICATION FOR A VITAL RECORDS CERTIFICATE
Alstead Town Clerk, P.O. Box 65, Alstead, NH 03602

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 Certificate
Number of Copies __________ (First copy issued at $15.00, each additional copy, $10.00)
Name of Child ___________________________ Child’s Sex ___________________
Name of Father/Parent ____________________ Maiden Name of
Mother/Parent ___________________________ Child’s Birth
date ___________________________ Child’s Birthplace ___________________

Marriage Certificate
Number of Copies __________ (First copy issued at $15.00, each additional copy, $10.00)
Name of Groom/Person A ____________________ Marriage Date ______________
Name of Bride/Person B ____________________ Marriage Place ______________

Death Certificate
Number of Copies __________ (First copy issued at $15.00, each additional copy, $10.00) Name of
Deceased ___________________________ Sex __________
Date of Death ______________
Issued With ______ Cause of Death/ Without ______ Cause of Death

Divorce Decree
Number of Copies __________ (First copy issued at $15.00, each additional copy, $10.00)
Name of Husband /Person A ____________________ Date of Decree ______________
Name of Wife /Person B ____________________ Place of Decree ______________

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 Alstead

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: _______ Reason for
Certificate Request: _________________________ Applicant’s
Signature: ___________________________________ (Signature Required)
Relationship to Registrant: ______________________

First copy issued at $15.00, each additional copy, $10.00,
Checks made payable to: Town of Alstead

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)