

APPLICATION FOR A VITAL RECORDS CERTIFICATE

Wilton Town Clerk, 42 Main Street, P.O. Box 83, Wilton, NH 03086

Birth Certificate

Number of Copies _____

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 _____

Name of Groom/Person A _____ Marriage Date _____

Name of Bride/Person B _____ Marriage Place _____

Death Certificate

Number of Copies _____

Name of Deceased _____ Sex _____

Date of Death _____

Issued _____ With Cause of Death _____ Without Cause of Death

Divorce Decree

Number of Copies _____

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 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: _____

Please make checks payable to: Town of Wilton

First copy issued at \$15.00, each additional copy \$10.00.

For requests by mail, please enclose a stamped, self-addressed, business-letter-sized envelope.

PLEASE NOTE: A VALID PICTURE ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST. IF MAILING THIS REQUEST, PLEASE INCLUDE A LEGIBLE PHOTO-COPY OF THE APPLICANT'S GOVERNMENT ISSUED PHOTO ID.

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)