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### APPLICATION FOR CERTIFIED COPY OF MARRIAGE CERTIFICATE

**\*PHOTO ID IS REQUIRED**

**Groom's Name:** \_\_\_\_\_  
(First) (Middle) (Last)

**Bride's Name at Time Intentions Were Filed:** \_\_\_\_\_  
(First) (Middle) (Last)

**Date of Marriage:** \_\_\_\_\_ **Place of Marriage:** \_\_\_\_\_  
(MM/DD/YYYY) (City/Town)

**Reason for Request:**(check one)  Travel  Social Security  Employment  
 Social Services  Personal Records  Other: \_\_\_\_\_

**Number of Copies Requested:** \_\_\_\_\_ (First copy issued at \$15.00; each additional copy at \$10.00)

**Name of Person Making Request:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**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)**

\*If making request by mail please include a copy of photo ID and self addressed stamped envelope\*