

APPLICATION FOR A VITAL RECORDS CERTIFICATE DATE:

Town of Conway
 Town Clerk/Tax Collector's Office
 1634 E. Main Street
 Ctr Conway NH 03813

OFFICIAL USE ONLY:
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. 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 to the right. On the Town Clerk/Tax Collector page select the Vital Records icon. Complete the request form and pay by e-check using the bank routing number and checking account number found at the bottom of your check. In order to process your request, a photocopy of your government issued ID can be mailed, faxed or scanned and emailed to our office. 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)