

REQUEST FOR CERTIFIED COPY OF VITAL RECORDS

Mail to: Town of Tamworth 84 Main Street Tamworth, NH 03886

Attn: Town Clerk

(Please Circle One)

BIRTH

DEATH

MARRIAGE

DIVORCE

Today's Date: _____

***Requesters Information:** _____

(Your Name

& Mailing Address) _____

(Town, State, & Zip) _____

Your Relationship to the: _____

Vital Record Requested (ie; son, daughter, mother, father, bride, groom, etc)

Name(s) & Date of Event for the Vital Record being requested:

(List Name/Names at time of event)

(Event Date)

The fee for the first certified copy of a Vital Record is \$15.00. Additional copies are \$10.00 for each copy purchased at the same time for the same record request.

Please make the check payable to: Town of Tamworth.

I would like _____ certified copy/copies of the Vital Record requested above.

TOTAL AMOUNT DUE: \$_____

Signature of Requester: _____

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:14)

***Please send a photocopy of a valid picture ID with this request**