

**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 \$12.00. Additional copies are \$8.00 for each additional copy when purchased at the same time.

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

**TOTAL AMOUNT DUE: \$**\_\_\_\_\_

Signature of Requester: \_\_\_\_\_

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