

**TOWN OF SUNAPEE NEW HAMPSHIRE**

**APPLICATION FOR VITAL RECORDS CERTIFICATE**

**BIRTH** # if Copies \_\_\_\_\_ (1<sup>st</sup> copy @\$15each add'l copy \$10)

Name of Child \_\_\_\_\_ Male/Female \_\_\_\_\_

Name of Father \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Child's Birthdate \_\_\_\_\_ Child's Birthplace \_\_\_\_\_

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**DEATH** # if Copies \_\_\_\_\_ (1<sup>st</sup> copy @\$15 each add'l copy \$10)

Name of Deceased \_\_\_\_\_ Male/Female \_\_\_\_\_

Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_

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**MARRIAGE/** # if Copies \_\_\_\_\_ (1<sup>st</sup> copy @\$15 each add'l copy \$10)

**CIVIL UNION**

Name of Husband/Person A \_\_\_\_\_

Name of Wife/Person B \_\_\_\_\_

Date of Marriage/Civil Union \_\_\_\_\_

Place of Marriage Civil Union \_\_\_\_\_

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**DIVORCE/** # if Copies \_\_\_\_\_ (1<sup>st</sup> copy @\$15 each add'l copy \$10)

**CIVIL UNION DISSOLUTION CIVIL UNION**

Full Name of Husband/Person A \_\_\_\_\_

Full Name of Wife/Person B \_\_\_\_\_

Date of Decree \_\_\_\_\_ County of Decree \_\_\_\_\_

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Applicants Name \_\_\_\_\_

Applicants Address \_\_\_\_\_

Applicants Telephone# \_\_\_\_\_

Signature \_\_\_\_\_

Relationship \_\_\_\_\_

**FOR TCTC ONLY**  
CASH \$ \_\_\_\_\_  
CHECK\$ \_\_\_\_\_  
NUMBER(S) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_