



# City of Concord, New Hampshire

City Clerk's Office  
41 GREEN STREET  
Concord, NH 03301  
(603) 225-8500

## DOCUMENTARY EVIDENCE REQUIRED

Effective January 1, 2005, all individuals requesting a certified copy of a record (Pursuant to RSA 5-C:102, VI) must present positive identification, including, but not limited to, a driver's license, passport or other government issued picture identification.

### Or:

Those without acceptable photo identification shall supply a photocopy of **two (2)** documents listed below. Any document submitted shall be in the name of the individual requesting the record.

*(Example: if a utility bill is sent, the name and address of the requestor must be listed.)*



Failure to sign & submit two acceptable documents in place of the required picture identification shall result in the application being rejected & returned to the requester. One of the documents must reflect current physical address.

❖ **THIS FORM SHALL ACCOMPANY THE APPLICATION REQUIRING A CERTIFIED COPY OF A NEW HAMPSHIRE VITAL RECORD.**



I declare that I do not have picture identification and that I have presented the TWO ATTACHED documents:

Please PRINT the following information:

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Applicant's residence address (house number, street name, city/town, state, zip code)

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date of signature



- |  |                                    |
|--|------------------------------------|
| ____ Utility Bills   | ____ Social Security Card / DD-214 |
| ____ Bank Statements   | ____ Hospital Birth Worksheet      |
| ____ Car Registration  | ____ Lease/Rental Agreement        |
| ____ Copy of income tax return   | ____ Pay stub (W-2)                |
| ____ Personal check with address   | ____ Voter Registration Card       |
| ____ A previously issued vital record/marriage license                       | ____ Disability award from SSA     |
| ____ Letter from government agency requesting a vital record, e.g., DHS, WIC |                                    |
| ____ Department of Corrections Identification Card                           |                                    |
| ____ Other: _____  |                                    |

Description

**ATTACH photocopies of BOTH documents to this form when returning the application.**