

APPLICATION FOR COPY OF CIVIL UNION

CIVIL UNION

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

Table with 1 column and 3 rows: 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 DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID NEEDS TO BE INCLUDED WITH THIS REQUEST.

PLEASE PRINT VERY CAREFULLY

PERSON A (As listed on the N.H. Civil Union Certificate)

NAME: (FIRST) (MIDDLE) (LAST) (maiden name if applicable)

PERSON B (As listed on the N.H. Civil Union Certificate)

NAME: (FIRST) (MIDDLE) (LAST) (maiden name if applicable)

Date Of Civil Union: (MM/DD/YYYY) Place Of Civil Union: (CITY/TOWN)

Purpose For Which Certificate Is Requested:

NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE OF \$12.00 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.

Number of certified copies requested: (First copy issued at \$12.00; each additional copy, \$8.00)

PLEASE MAKE CHECKS PAYABLE TO: TOWN OF CONWAY

Certificate(s) will be mailed to the following address:

PLEASE PRINT

Applicant's Name: (FIRST) (MIDDLE) (LAST)

Applicant's Address: (STREET) (CITY/TOWN) (STATE) (ZIP CODE)

Applicant's Phone No.: (AREA CODE & NUMBER) Email:

Applicant's Signature: (Signature is required.) Relationship To Registrants:

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)