

DIVORCE

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

OFFICIAL USE ONLY: NUMBER
REQUESTED
ISSUED

**APPLICATION FOR COPY OF DIVORCE, LEGAL SEPARATION
OR ANNULMENT RECORD**
PLEASE PRINT

HUSBAND'S
NAME: _____

(FIRST NAME) (MIDDLE NAME) (LAST NAME)

WIFE'S
NAME: _____

(FIRST NAME) (MIDDLE NAME) (LAST NAME)

DATE OF
DECREE: _____

(MONTH) (DAY) (YEAR)

COUNTY OF
DECREE: _____

PURPOSE OF WHICH CERTIFICATE IS REQUESTED: _____

YOUR
SIGNATURE: _____

YOUR RELATIONSHIP
TO HUSBAND OR WIFE: _____

**THE LAW FOR THE SEARCH OF THE FILE REQUIRES A FEE OF TWELVE DOLLARS FOR ANY ONE
RECORD. IF WE FIND THAT RECORD AND YOU MEET NEW HAMPSHIRE'S ACCESS
REQUIRMENTS, YOU WILL BE ISSUED ONE CERTIFIED COPY OF THAT CERTIFICATE**

Number of Certified copies requested:

Long Form: _____ (First copy issued at \$12; each additional copy will be issued for \$8)

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

PLEASE PRINT

Name

Of Applicant: _____
(FIRST) (MIDDLE) (LAST)

Address

Of Applicant: _____
(STREET) (CITY/TOWN) (STATE) (ZIP CODE)

Applicant

Phone No.: _____
(AREA CODE & NUMBER)

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
126:24)

PHOTO ID IS REQUIRED