

**MARRIAGE**

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

<b>OFFICIAL USE ONLY:</b> NUMBER
REQUESTED
ISSUED

**APPLICATION FOR COPY OF MARRIAGE RECORD**  
*PLEASE PRINT*

GROOM'S  
NAME: \_\_\_\_\_  
(FIRST NAME) (MIDDLE NAME) (LAST NAME)

BRIDE'S  
NAME: \_\_\_\_\_  
(FIRST NAME) (MIDDLE NAME) (LAST NAME)

DATE OF MARRIAGE: \_\_\_\_\_ PLACE OF MARRIAGE: \_\_\_\_\_  
(MONTH) (DAY) (YEAR) (CITY/TOWN)

PURPOSE OF WHICH CERTIFICATE IS REQUESTED: \_\_\_\_\_  
\_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_ YOUR RELATIONSHIP TO GROOM OR BRIDE: \_\_\_\_\_

**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**