**TOWN OF GOFFSTOWN**
**Town Clerk's Office**
**16 Main Street**
**Goffstown, NH 03045**

## APPLICATION FOR COPY OF A MARRIAGE RECORD

PLEASE PRINT PLAINLY

Person A's/Grooms Name: _____
First Middle Last/Maiden Name

Person B's/Brides Name: _____
First Middle Last/Maiden Name

Date of Marriage: ___/___/____ Place of Marriage (City/Town): _____

Purpose for which Certificate is Requested: _____

Your Signature: _____ Relationship to Registrant: _____

Your Name (Please Print): _____

Your Address: _____
Street Town/City State Zip

Your telephone number: _____ E-mail_____

A fee of $15 is required by law for the search of the file for any one record. If we find that record and you meet New Hampshire's access requirement, you will be issued one certified copy of that certificate. If no record is found, your money will not be returned as we must charge for the search even if a record is not found.

*Enclose a copy of your photo identification and a self-addressed stamped #10 envelope if certificate is to be mailed to you.*

Number of Certified copies requested:_____
(first copy issued at $15.00, each additional copy will be issued for $10.00)

Total Payment: $_____ Payment Type (Cash/Check): Check#_____

**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)

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OFFICIAL USE ONLY

Date Issued:_____ Certificate #'s issued: _____

Receipt #_____ ID #_____