TOWN OF EAST KINGSTON Office of Town Clerk P.O. Box 249 (24 Depot Road) East Kingston, NH 03827

APPLICATION FOR CERTIFIED COPY OF MARRIAGE CERTIFICATE (please print)

		Date Requested:			
Name of Groom:	(First Name)	(Middle Na	me)	(Last Name)	
	(1 trst tvame)	(Muate Ival	ne)	(Lust Ivame)	
Bride's Name on Ap	oplication:				
-	(First Name)	(Middle	(Middle Name)		
Date of Marriage:	Location of Marriage:				
Purpose for which c	ertificate is requested:				
Name of Applicant:					
	(First Name)	(Middle Name)	(Last Name)	
Address of Applicar	nt:				
	(Street)	(City/Town)	(State)	(Zip Code)	
Applicant Phone #:()				
Your Signature:					
Relationship to pers	on on Certificate:				

PLEASE BE SURE TO INCLUDE WITH THIS REQUEST A PHOTOCOPY OF PICTURE IDENTIFICATION TO CONFIRM THE I.D. OF THE REQUESTER.

A FEE OF \$15.00 (dollars) IS REQUIRED BY LAW FOR THE SEARCH OF THE FILES FOR ANY ONE RECORD. ADDITIONAL COPIES OF THE SAME RECORD, ORDERED AT THE SAME TIME, IS \$10.00 (dollars) EACH. ANY PERSON SHALL BE GUILTY OF A CLASS B FELONY IF HE/SHE WILLFULLY AND KNOWINGLY MAKES ANY FALSE STATEMENT IN AN APPLICATION FOR CERTIFIED COPIES OF A VITAL RECORD (RSA 126:24).

Please mail completed application to address above.