TOWN CLERK'S OFFICE TOWN OF ATKINSON 21 Academy Avenue Atkinson, NH 03811

DATE REQUESTED:	
DATE ISSUED:	

APPLICATION FOR COPY OF MARRIAGE RETURN

PLEASE PRINT

		First	Middle	Last	
Name Phone Numbe	Area Code 8 r is Listed Under:				
Applicant's Phone Nu	ımber:				
	Street	City/Town	State	Zip Code	
Address of Applicant	:				
Name of Applicant: _	First	Middle	Last		
Your Signature:					
By Whom:		Relationship to Registrant:			
Purpose for which ce	rtificate is requested:				
	Month/Day/Year		<u> </u>		
Date of Marriage:		Place of Marriag	e:		
Bride's Name:	First	Middle	Last		
	First	Middle	Last		
Groom's Name:					

A fee of \$15.00 is required by law for the search of the file for any one record. A fee of \$10.00 is required by law for each subsequent copy issued at the same time as the initial copy.

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)