



IF REQUESTING A VITAL RECORD THROUGH THE MAIL

****Please complete the following information****

Copies Requested: _____

Daytime Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Mailing Address: _____
Po Box/Street City/Town State Zip

FEE'S:

1st copy of Vital Record = \$15.00

Each Additional Copy = \$10.00

MAIL FEE = \$1.00

Please enclose a **CHECK made payable to TOWN OF ATKINSON-TC**

If you need your record prepared for an **Apostille check the box YES

Mail application and payment to:

**Town Clerk's Office
Town of Atkinson
19 Academy Ave
Atkinson, NH 03811**

CHECKLIST

_____ Form is completely filled out and signed

_____ Copy of Photo ID - of the person making the request (driver's license, passport, student ID)

_____ Check made payable to Town of Atkinson (see fee's above)