

**State of New Hampshire  
Department of State  
Division of Vital Records Administration**

**Documentary Evidence for Individuals Not Possessing an Acceptable Picture Identification**

I declare that I do not have Picture Identification and that I have presented the **TWO ATTACHED** documents that have been accepted by the State/Local Office of Vital Records.

Please **PRINT** the following information:

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Applicant's residence address (house number, street name, city/town, state, zip code)

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date of signature

**Instructions for Issuing Clerk:**

Please check off any TWO (or any one item twice) from the list below.

ATTACH a photocopy of BOTH documents to this form. The names and addresses on both of these documents as well as the name and address on the Application Form **must** match.

- |  |  |
|--|--|
| <input type="checkbox"/> Utility bills   | <input type="checkbox"/> Social Security Card/DD-214 |
| <input type="checkbox"/> Bank statements   | <input type="checkbox"/> Hospital Birth Worksheet    |
| <input type="checkbox"/> Car registration  | <input type="checkbox"/> Lease/rental agreement      |
| <input type="checkbox"/> Copy of income tax return   | <input type="checkbox"/> Pay stub/W-2                |
| <input type="checkbox"/> Personal check with address   | <input type="checkbox"/> Voter Registration Card     |
| <input type="checkbox"/> A previously issued vital record/marriage license                       | <input type="checkbox"/> Disability award from SSA   |
| <input type="checkbox"/> Letter from government agency requesting a vital record, e.g., DHS, WIC |  |

\_\_\_\_\_  
Personally known to me: \_\_\_\_\_  
Signature of issuing clerk

\_\_\_\_\_  
Other: \_\_\_\_\_  
Description

Approval Signature: \_\_\_\_\_  
Signature of issuing clerk