

**CITY OF PORTSMOUTH, NEW HAMPSHIRE
DIVORCE CERTIFICATE APPLICATION**

INSTRUCTIONS:

1. Print the application to complete.
2. Please make sure all information is complete, legible, and sign the application.
3. **Enclose a photocopy of picture identification of the person requesting the record** (driver's license, passport or other picture identification) in the absence of acceptable picture identification you must complete the form "Documentation Evidence for Individuals not possessing an Acceptable Picture Identification."
4. Enclose a check or money order made payable to the City of Portsmouth for **\$15.00** for the first copy and **\$10.00** each additional copy.
5. Include a self-addressed stamped envelope for the return of the certificate.
5. Mail your request to: OFFICE OF THE CITY CLERK, 1 Junkins Avenue, Portsmouth, NH 03801
7. **Requests without positive identification will be returned without having been processed.**

PLEASE TYPE OR PRINT

Full Name of Husband/Person A: _____

Full Name of Wife/Person B: _____

Date of Divorce (Month, Day, Year): _____

Place of Decree (County) (NH): _____

(Please Note: A certified copy of a Divorce is available through the State of New Hampshire Bureau of Vital Records database from 1979 to 6 months prior to date of application. If we are unable to access the record, you will need to contact the court directly where the divorce was granted for further information and the \$15.00 search fee will be charged)

Purpose for which the certificate is requested: _____
(Example: Remarriage; records, genealogy, insurance, name change, legal)

Name and Address to send certificates: _____

Telephone/Email Address (in case we need to contact you): _____

Your Signature: _____ (all unsigned requests will be rejected)

Relationship to Registrant: _____ (see below)

The following stipulations apply your relationship to the individual:

- ◆ Records 50 years and older are public record and familial relationship is not required.
- ◆ Records for events occurring within 50 years of date requested must have a familial relationship of mother, father, brother, sister, uncle, aunt, niece, nephew, grandparent, and step parents.

A fee of \$15.00 is required by law for the search of the file for any one record.

NOTICE: Any person shall be guilty of a Class B Felony if he/she willfully and knowingly make any false statement in an application for a certified copy of a vital record as per RSA 126:24. If you should have any specific questions regarding this application, please contact the Office of the City Clerk at the telephone number listed or via e-mail. (Rev. 05/2017)