



The State of New Hampshire
City of Lebanon
Vital Records

Application for Copy of Civil Union Return
PLEASE PRINT CLEARLY

#Copies _____	Official Use Only
4 + 3 \$ _____	
\$8.00 \$ _____ 8.00	
# ___ @ \$5.00 = \$ _____	
Total Rec'd \$ _____	
Date _____	
Photo ID Verified <input type="checkbox"/>	

Person A's Name: _____
First Name Last Name

Person B's Name: _____
First Name Last Name

Date of Civil Union: _____ Place of Civil Union: _____
Month/Day/Year City/State

Purpose for which Certificate is Requested: _____

Signature: _____ Relationship: _____

Printed Name: _____ Date: _____

*** Photo ID must be presented for person making the request –
If done by mail, please include copy of Photo ID with request form and payment.**
A fee of \$12.00 is required by law for the search of the file for any one record.
(Plus \$8.00 for each additional copy per order)

For records requested by mail, payment must be in the form of a Certified Cashier's Check or Money Order made out to the "City of Lebanon".

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. (RSA 126:24)