

**THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH**
<http://www.courts.state.nh.us>

Court Name: _____
Case Name: _____
Case Number: _____
(if known)

REQUEST FOR CERTIFICATE OR COPY

1. Person making request _____ Telephone number _____
Mailing address _____

2. I request the following certificates or copies:
- | | | |
|---|----------------|--------------------------|
| <input type="checkbox"/> Certificate of Name Change | Quantity _____ | (photo ID copy required) |
| <input type="checkbox"/> Certificate of Appointment | Quantity _____ | (photo ID copy required) |
| <input type="checkbox"/> Certificate of Adoption | Quantity _____ | (See #3 below) |
| <input type="checkbox"/> Certified copy - list documents | _____ | Quantity _____ |
| | _____ | Quantity _____ |
| | _____ | Quantity _____ |
| <input type="checkbox"/> Plain copy – list documents | _____ | Quantity _____ |
| | _____ | Quantity _____ |
| <input type="checkbox"/> Authenticated Packet | | Quantity _____ |
| <input type="checkbox"/> Other – explain <input type="checkbox"/> Foreign Country | _____ | Quantity _____ |

3. For a Certificate of Adoption, please check one of the following:
 I am the adoptee identified in the certificate, and I am age 18 or older.
 I am the adoptive parent of the adoptee identified in the certificate, and this adoptee is under the age of 18.
 Enclosed is a copy of my driver's license, or a photo ID
4. For all requests, please check one of the following:
 I will pick up these certificates or copies.
 Please mail the certificates or copies to the address indicated in #1 above.

_____ Date _____ Signature

To be completed by Court Staff

Type of Proof of Identification provided _____
Amount paid: _____ Payment made by: Check Cash Credit Card
Date sent or picked up: _____ Issued by: _____