

Division of Public Health Services
Town of Chester, NH
Town Clerk's Office
Chester, NH 03036

Application for a copy of a Marriage License

Groom's Name:

Brides
Name:

Date of
Marriage:

Place of
Marriage:

Purpose for this request:

By Whom:

Relationship to Couple:

A \$15.00 fee is required for the search, which includes a copy of the record. \$10.00 for each additional copy of the **same** record requested at the **same** time. **You must show us a photo ID in order to obtain a record. If doing this by mail please include a copy of your photo ID.** Any person shall be guilty of a Class B Felony if he/she willfully and knowingly makes a false statement in an application for a certified copy of a vital record. **RSA5C: 21**

Address to Mail Record to:

