

NH DEPARTMENT OF STATE  
DIVISION OF VITAL RECORDS ADMINISTRATION  
29 HAZEN DRIVE  
CONCORD, NH 03301

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:

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Name of Applicant

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

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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 the 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 |  |
| <input type="checkbox"/> Department of Corrections Identification Card                           |  |
| <input type="checkbox"/> Personally known to me _____  |  |

Signature of Issuing Clerk

Other \_\_\_\_\_

Description

DVRA Approval Signature: \_\_\_\_\_