

**State of New Hampshire
Department of State
Division of Vital Records Administration**

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:

Name of applicant

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

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 these documents as well the name and address on the Application Form **must** match.

Utility bills

Social Security Card/DD-214

Bank statements

Hospital Birth Worksheet

Car registration

Lease/rental agreement

Copy of income tax return

Pay stub/W-2

Personal check with address

Voter Registration Card

A previously issued vital record/marriage license

Disability award from SSA

Letter from government agency requesting a vital record, e.g., DHS, WIC

Personally known to me: _____
Signature of issuing clerk

Other: _____
Description

DVRA Approval Signature: _____