



TOWN OF EXETER, NEW HAMPSHIRE

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www.exeternh.gov

DIVORCE DECREE REQUEST

Name of Person A _____

Name of Person B _____

Date of Divorce _____

Purpose of the Request _____
(records, insurance, etc.)

Your Relationship _____
(spouse, mother, father, etc.) (NO EX'S, COUSINS OR INLAWS)

Number Requested _____

Signature _____

A FEE OF \$15 IS REQUIRED BY LAW FOR THE SEARCH OF THE FILE FOR ANY ONE RECORD. A FEE OF \$10 IS REQUIRED FOR EACH SUBSEQUENT COPY ISSUED AT THE SAME TIME AS INITIAL COPY.

NOTICE: Any person shall be guilty of a Class B Felony if he/she willfully and knowingly makes any false statement in an application for a certified copy of a vital record etc. RSA 5-C:14:II (a)).