

**Town of Albany**  
1972 B NH Route 16  
Albany, NH 03818  
603-447-2877

Kathleen Vizard  
Albany Town Clerk/Tax Collector

**APPLICATION FOR COPY OF  
DISSOLUTION CERTIFICATE**

**Applicant A**  
Name \_\_\_\_\_  
(first) (middle) (last)

**Applicant B**  
Name \_\_\_\_\_  
(first) (middle) (last)

**Place of Marriage** \_\_\_\_\_

**Date of Marriage** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Purpose for which Certificate is requested** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Relationship to Registrant** \_\_\_\_\_

**First copy \$12.00 additional copies \$8.00**

**For office use:**

**Date:** \_\_\_\_\_ **# of certificates:** \_\_\_\_\_ **DCN(s)** \_\_\_\_\_

**Amt. received** \_\_\_\_\_ **cash** \_\_\_\_\_ **ck#** \_\_\_\_\_