APPLICATION FOR COPY OF BIRTH CERTIFICATE

PLEASE PRINT

Name at Birth: ____________________________________________________________
First        Middle        Last

Date of Birth: ________________    Place of Birth: _____________________________
Month/Day/Year

Father’s Name: ____________________________________________________________
First        Last

Mother’s Maiden Name: _____________________________________________________
First        Last

Purpose for which certificate is requested: ______________________________________
........................................................................................................................................

Name of Applicant: ___________________________________________________________
First        Middle        Last

Address of Applicant: __________________________________________________________
Street                City/Town        State        Zip Code

Applicant’s Phone Number: ____________________________
Area Code & Number

Name Phone Number is Listed Under: ____________________________________________
First        Middle        Last

Your Signature: ______________________________________________________________

Your Relationship to Registrant? ________________________________________________

A fee of $15.00 is required by law for the search of the file for any one record. A fee of $10.00 is required by law for each subsequent copy issued at the same time as the 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. (RSA 126:24)