

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

BIRTH

New Hampshire Department of State
Division of Vital Records Administration
71 South Fruit Street
Concord, NH 03301-2410

Table with 1 column and 3 rows: OFFICIAL USE ONLY: NUMBER, REQUESTED, ISSUED

PLEASE NOTE: A VALID PICTURE ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST. A LEGIBLE PHOTO-COPY OF THE APPLICANT'S DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID NEEDS TO BE INCLUDED WITH THIS REQUEST. IF THE APPLICANT DOES NOT POSSESS A PHOTO ID, THEY SHOULD CLICK HERE.

PLEASE PRINT VERY CAREFULLY

Name Of Registrant At Birth: (FIRST) (MIDDLE) (LAST)

Date Of Birth: (MM/DD/YYYY) Place Of Birth: (CITY/TOWN)

Father's Name: (FIRST) (LAST)

Mother's Maiden Name: (FIRST) (LAST)

Purpose For Which Certificate Is Requested:

NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE OF \$12.00 BE COLLECTED FOR EACH RECORD REQUESTED. IF THE RECORD IS LOCATED AND YOU MEET ELIGIBILITY REQUIREMENTS, YOU WILL BE ISSUED THE REQUESTED NUMBER OF CERTIFIED COPIES OF THAT RECORD.

Number (and type) of certified copies requested (please enter quantity of each document):

Long Form: (First copy issued at \$12.00; each additional copy, \$8.00)

PLEASE MAKE CHECKS PAYABLE TO: Treasurer-State of New Hampshire

The certificate(s) will be mailed to the following address:

PLEASE PRINT

Applicant's Name: (FIRST) (MIDDLE) (LAST)

Applicant's Address: (STREET) (CITY/TOWN) (STATE) (ZIP CODE)

Applicant's Phone No.: (AREA CODE & NUMBER) Email:

Applicant's Signature: (Signature is required.) Relationship To Registrant:

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 5-C:9)