

Town Clerk & Tax Collector's Office



APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

OFFICIAL USE ONLY:
NUMBER REQUESTED
DCN ISSUED
INITIALS

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.

PLEASE PRINT VERY CAREFULLY

Name of Registrant at Birth: _____
(FIRST) (MIDDLE) (LAST)

Date of Birth: _____ Place of Birth: _____
(MM/DD/YYYY) (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 \$15.00 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 of certified copies requested:

Long Form: _____ (First copy issued at \$15.00; each additional copy, \$10.00)

PLEASE MAKE CHECKS PAYABLE TO: Town of Campton

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.: _____ Email: _____
(AREA CODE & NUMBER)

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

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)

Applicant appeared in person: _____

Certified Copy Sent: _____ Paid by cash/check: _____

1307 New Hampshire Rt. 175, Campton, NH 03223, 603-726-3223

