



APPLICATION FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE

Office of the City Clerk/ One City Hall Plaza/ Manchester, NH 03101/ 603-624-6455

Name of Registrant: _____
(First Name) (Middle Name) (Last Name)

Date of Birth: ____/____/____ Place of Birth (City/Town): _____

Father's Name: _____
(First) (Last)

Mother's Maiden Name: _____
(First) (Last)

Purpose for which certificate is requested: _____

Your Signature: _____ Your relationship to registrant: _____

Please Print All Information

Please mail completed application to address above and include a stamped envelope for return service.

NH State Law for the search of the file requires a fee of fifteen dollars for any one record. The State also **requires a valid picture identification** of the individual applying for the birth certificate before a record will be released. If we find that record and you meet New Hampshire's access requirements, you will be issued a certified copy of that certificate. **THE FEE IS NON-REFUNDABLE IN THE EVENT THE RECORD IS NOT LOCATED.**

Number of Copies: _____ (\$15 first copy, \$10 each additional)

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

Name of applicant: _____
(First) (Middle) (Last)

Address of applicant: _____
(Street) (City/Town) (State) (Zip Code)

Applicant Phone #: (____) _____ - Email Address (optional) _____

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)

OFFICIAL USE ONLY:

Number _____

Requested _____

Issued _____