

Town of New Durham, New Hampshire

Incorporated in 1762



Application for Copy of Birth Certificate

PLEASE NOTE: A VALID PICTURE ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST. A LEGIBLE PHOTOCOPY 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 ASK THE CLERK FOR A COPY OF DVRA-04 ID AND PROVIDE PHOTOCOPIES OF THE REQUIRED DOCUMENTS LISTED THEREIN.

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: _____ Mother's maiden Name: _____
(FIRST) (LAST) (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: _____ (First copy issued at \$15.00; each additional copy \$10.00)

Date of this request: _____ / _____ / _____

PLEASE MAKE CHECKS PAYABLE TO: The Town of New Durham

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

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

Applicant's Signature: _____ 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 of a certified copy of a vital record (RSA 5-C:9)

OFFICIAL USE ONLY:
DCN: _____