



City Clerk's Office
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APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

\*PHOTO ID IS REQUIRED

Birth Name of Person Whose Record is Required: (First) (Middle) (Last)

Date of Birth: (MM/DD/YYYY) Place of Birth: (City/Town)

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

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

Reason for Request: (check one) [ ] Travel [ ] Social Security [ ] School [ ] Employment [ ] Social Services [ ] Personal Records [ ] Other:

Number of Copies Requested: (First copy issued at \$15.00; each additional copy at \$10.00)

Name of Person Making Request: Relationship:

Signature: Telephone #:

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)

\*If making request by mail please include a copy of photo ID and self addressed stamped envelope\*