



City Clerk's Office
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Claremont, NH 03743
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Email: cityclerk@claremontnh.com

OFFICIAL USE ONLY

Document
Number(s) _____
Copies Issued _____
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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: _____

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