



City Clerk's Office
58 Opera House Square
Claremont, NH 03743
Ph: (603) 542-7003
Email: cityclerk@claremontnh.com

OFFICIAL USE ONLY
Document Number(s)
Copies Issued
Total Amount Due \$

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/Parent's Maiden Name: (First) (Middle) (Last)

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

Reason for Request:(check one) [] Travel [] Social Security [] School [] Employment [] Social Services [] Personal Records [] Driver's License

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

NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE 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. PLEASE MAKE CHECK PAYABLE TO: CITY OF CLAREMONT

Name of Person Making Request: Relationship:

Address:

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