## APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

Alton Town Clerk PO Box 637 Alton, NH 03809 603-875-2101

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.

## PLEASE PRINT VERY CAREFULLY

	Name Of						
At Birth:	Registrant						
Composition of the composition							
Date Of Birth: Of Birth: Of Birth: (CITY/TOWN)  Father's Name: (FIRST) (LAST)  Mother's Maiden Name: (FIRST) (LAST)  Purpose For Which Certificate Is Requested: (FIRST) (LAST)  NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE OF \$12.00 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)  PLEASE MAKE CHECK PAYABLE TO: TOWN OF ALTON  The certificate(s) will be mailed to the following address: (FIRST) (MIDDLE) (LAST)  Applicant's (STREET) (CITY/TOWN) (STATE) (ZIP CODE)  Applicant's (STREET) (CITY/TOWN) (STATE) (ZIP CODE)  Applicant's (REALTONED AND MIDDLE) (LAST)  Applicant's (REALTONED AND MIDDLE) (REALTONED AND MIDDLE	<u> </u>	(FIRST)		(MIDDLE)	(LAST)		
CCITY/TOWN    Father's Name:	Date		Place				
Father's Name:    Mother's   (FIRST)   (LAST)	Of Birth:		Of Birth:				
Mother's  Maiden Name:  (FIRST)  (LAST)  Purpose For Which Certificate Is Requested:  NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE OF \$12.00 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:  Long Form:  (First copy issued at \$15.00; each additional copy, \$10.00)  PLEASE MAKE CHECK PAYABLE TO: TOWN OF ALTON  The certificate(s) will be mailed to the following address:  PLEASE PRINT  Applicant's Name:  (FIRST)  (MIDDLE)  (LAST)  Applicant's Address:  (STREET)  (CITY/TOWN)  (STATE)  (ZIP CODE)  Applicant's Phone No.  (AREA CODE & NUMBER)  Relationship To Registrant:	(N	MM/DD/YYYY)		(CITY/TOWN)			
Mother's Maiden Name:  (FIRST)  (LAST)  Purpose For Which Certificate Is Requested:  NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE OF \$12.00 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:  Long Form:  (First copy issued at \$15.00; each additional copy, \$10.00)  PLEASE MAKE CHECK PAYABLE TO: TOWN OF ALTON  The certificate(s) will be mailed to the following address:  PLEASE PRINT  Applicant's Name:  (FIRST)  (MIDDLE)  (LAST)  Applicant's Address:  (STREET)  (CITY/TOWN)  (STATE)  (ZIP CODE)  Applicant's Phone No.  (AREA CODE & NUMBER)  Relationship To Registrant:	Father's Name	:					
Maiden Name:  (FIRST)  (LAST)  Purpose For Which Certificate Is Requested:  NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE OF \$12.00 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:  Long Form:  (First copy issued at \$15.00; each additional copy, \$10.00)  PLEASE MAKE CHECK PAYABLE TO: TOWN OF ALTON  The certificate(s) will be mailed to the following address:  PLEASE PRINT  Applicant's Name:  (FIRST)  (MIDDLE)  (LAST)  Applicant's Applicant's Phone No.  (STREET)  (CITY/TOWN)  (STATE)  (ZIP CODE)  Applicant's Phone No.  (AREA CODE & NUMBER)  Relationship To Registrant:		(1)	FIRST)	(LAST)			
Purpose For Which Certificate Is Requested:  NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE OF \$12.00 BE COLLECTED FOR REACH 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:  Long Form:  (First copy issued at \$15.00; each additional copy, \$10.00)  PLEASE MAKE CHECK PAYABLE TO: TOWN OF ALTON  The certificate(s) will be mailed to the following address:  PLEASE PRINT  Applicant's Name:  (FIRST)  (MIDDLE)  (LAST)  Applicant's Phone No.  (AREA CODE & NUMBER)  Relationship To Registrant:							
Purpose For Which Certificate Is Requested:  NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE OF \$12.00 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:  Long Form: (First copy issued at \$15.00; each additional copy, \$10.00)  PLEASE MAKE CHECK PAYABLE TO: TOWN OF ALTON  The certificate(s) will be mailed to the following address:  PLEASE PRINT  Applicant's Name: (FIRST) (MIDDLE) (LAST)  Applicant's Address: (STREET) (CITY/TOWN) (STATE) (ZIP CODE)  Applicant's Phone No Email:  Applicant's Relationship To Registrant:	Maiden Name:						
NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE OF \$12.00 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:  Long Form: (First copy issued at \$15.00; each additional copy, \$10.00)  PLEASE MAKE CHECK PAYABLE TO: TOWN OF ALTON  The certificate(s) will be mailed to the following address:  PLEASE PRINT  Applicant's Name: (FIRST) (MIDDLE) (LAST)  Applicant's Address: (STREET) (CITY/TOWN) (STATE) (ZIP CODE)  Applicant's Phone No : Email: Relationship To Registrant: To Registrant: TO REGISTRANT:		(F	FIRST)		(LAST)		
NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE OF \$12.00 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:  Long Form: (First copy issued at \$15.00; each additional copy, \$10.00)  PLEASE MAKE CHECK PAYABLE TO: TOWN OF ALTON  The certificate(s) will be mailed to the following address:  PLEASE PRINT  Applicant's Name: (FIRST) (MIDDLE) (LAST)  Applicant's Address: (STREET) (CITY/TOWN) (STATE) (ZIP CODE)  Applicant's NumBER)  Applicant's Relationship To Registrant: To Registrant: TO Registrant: TO RESTANCE TO RESTANCE TO REGISTRANTE.	Purpose For W	/hich					
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:  Long Form: (First copy issued at \$15.00; each additional copy, \$10.00)  PLEASE MAKE CHECK PAYABLE TO: TOWN OF ALTON  The certificate(s) will be mailed to the following address:  Applicant's Name: (FIRST) (MIDDLE) (LAST)  Applicant's Address: (STREET) (CITY/TOWN) (STATE) (ZIP CODE)  Applicant's Phone No : Email:  Applicant's Signature: TO Registrant:							
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:  Long Form: (First copy issued at \$15.00; each additional copy, \$10.00)  PLEASE MAKE CHECK PAYABLE TO: TOWN OF ALTON  The certificate(s) will be mailed to the following address:  Applicant's Name: (FIRST) (MIDDLE) (LAST)  Applicant's Address: (STREET) (CITY/TOWN) (STATE) (ZIP CODE)  Applicant's Phone No : Email:  Applicant's Signature: TO Registrant:		•					
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:  Long Form: (First copy issued at \$15.00; each additional copy, \$10.00)  PLEASE MAKE CHECK PAYABLE TO: TOWN OF ALTON  The certificate(s) will be mailed to the following address:  Applicant's Name: (FIRST) (MIDDLE) (LAST)  Applicant's Address: (STREET) (CITY/TOWN) (STATE) (ZIP CODE)  Applicant's Phone No : Email:  Applicant's Signature: TO Registrant:							
YOU WILL BE ISSUED THE REQUESTED NUMBER OF CERTIFIED COPIES OF THAT RECORD.  Number of certified copies requested:  Long Form: (First copy issued at \$15.00; each additional copy, \$10.00)  PLEASE MAKE CHECK PAYABLE TO: TOWN OF ALTON  The certificate(s) will be mailed to the following address:  PLEASE PRINT  Applicant's  Applicant's Address: (FIRST) (MIDDLE) (LAST)  Applicant's Applicant's Phone No : Email:  Applicant's Applicant's Signature: Relationship To Registrant:	NEW HAMPSH	HIRE LAW REQUIRES T	HAT A NONREF	UNDABLE SEA	RCH FEE OF \$12.00 BE C	OLLECTED FOR	
Number of certified copies requested:  Long Form: (First copy issued at \$15.00; each additional copy, \$10.00)  PLEASE MAKE CHECK PAYABLE TO: TOWN OF ALTON  The certificate(s) will be mailed to the following address:  PLEASE PRINT  Applicant's Name: (FIRST) (MIDDLE) (LAST)  Applicant's Address: (STREET) (CITY/TOWN) (STATE) (ZIP CODE)  Applicant's Phone No : Email: Relationship Signature: To Registrant:							
Long Form: (First copy issued at \$15.00; each additional copy, \$10.00)  PLEASE MAKE CHECK PAYABLE TO: TOWN OF ALTON  The certificate(s) will be mailed to the following address:  PLEASE PRINT  Applicant's Name: (FIRST) (MIDDLE) (LAST)  Applicant's Address: (STREET) (CITY/TOWN) (STATE) (ZIP CODE)  Applicant's Phone No : Email:  Applicant's Relationship To Registrant:	YOU WILL BE	ISSUED THE REQUES	TED NUMBER O	F CERTIFIED CO	OPIES OF THAT RECORD	).	
Long Form: (First copy issued at \$15.00; each additional copy, \$10.00)  PLEASE MAKE CHECK PAYABLE TO: TOWN OF ALTON  The certificate(s) will be mailed to the following address:  PLEASE PRINT  Applicant's Name: (FIRST) (MIDDLE) (LAST)  Applicant's Address: (STREET) (CITY/TOWN) (STATE) (ZIP CODE)  Applicant's Phone No : Email:  Applicant's Relationship To Registrant:			_				
PLEASE MAKE CHECK PAYABLE TO: TOWN OF ALTON  The certificate(s) will be mailed to the following address:  PLEASE PRINT  Applicant's Name:  (FIRST) (MIDDLE) (LAST)  Applicant's Address: (STREET) (CITY/TOWN) (STATE) (ZIP CODE)  Applicant's Phone No.  (AREA CODE & NUMBER)  Applicant's Signature:  To Registrant:	Number of ce	rtified copies requested	l:				
PLEASE MAKE CHECK PAYABLE TO: TOWN OF ALTON  The certificate(s) will be mailed to the following address:  PLEASE PRINT  Applicant's Name:  (FIRST) (MIDDLE) (LAST)  Applicant's Address: (STREET) (CITY/TOWN) (STATE) (ZIP CODE)  Applicant's Phone No. (AREA CODE & NUMBER)  Applicant's Signature: To Registrant:	Long	Form: (First con)	vissued at \$15.00	). each additional	conv \$10.00)		
The certificate(s) will be mailed to the following address:    PLEASE PRINT	Long	т опп (г пассор)	/ 135ueu at \$15.0t	o, each additional	сору, фто.оо)		
Applicant's Name:  (FIRST) (MIDDLE) (LAST)  Applicant's Address:  (STREET) (STREET) (CITY/TOWN) (STATE) (ZIP CODE)  Applicant's Phone No.  (AREA CODE & NUMBER)   Relationship To Registrant:		PLEASE	MAKE CHECK F	PAYABLE TO: TO	OWN OF ALTON		
Applicant's Name:  (FIRST) (MIDDLE) (LAST)  Applicant's Address:  (STREET) (STREET) (CITY/TOWN) (STATE) (ZIP CODE)  Applicant's Phone No.  (AREA CODE & NUMBER)   Relationship To Registrant:	The certificate	e(s) will be mailed to the	e following addr	ess:			
Applicant's Name:		( )	_				
Name:	A P O .		PLE	ASE PRINT			
(FIRST) (MIDDLE) (LAST)  Applicant's Address:							
Applicant's Address:  (STREET) (CITY/TOWN) (STATE) (ZIP CODE)  Applicant's Phone No.  (AREA CODE & NUMBER)   Relationship To Registrant:	Name:	(FIDOT)	/1	AIDDLE)	(1.4.07)		
Address:	Annlinent's	(FIRST)	(1	MIDDLE)	(LAST)		
Applicant's Phone No: Email:  Applicant's  Applicant's  Applicant's  Signature: To Registrant:							
Applicant's Phone No: Email:  (AREA CODE & NUMBER)  Applicant's Relationship Signature: To Registrant:	Address:	(CTDEET)		NITY/TOWAN	(CTATE)	(7ID CODE)	
Phone No: Email:  (AREA CODE & NUMBER)  Applicant's Relationship Signature: To Registrant:	Applicant's	(STREET)	(0	JII Y/IOWN)	(STATE)	(ZIP CODE)	
Applicant's Relationship Signature: To Registrant:	Applicant's						
Applicant's Relationship Signature: To Registrant:	Phone No.	ABEA CODE & NUMBER)	: Email:				
Signature: To Registrant:	(,	AREA CODE & NUMBER)					
Signature: To Registrant:							
	Signature:			To Re	gistrant:		

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)