DATE REQUESTED:
DATE ISSUED:

TOWN CLERK'S OFFICE
TOWN OF ATKINSON
21 Academy Avenue
Atkinson, NH 03811

APPLICATION FOR COPY OF BIRTH CERTIFICATE

PLEASE PRINT

Name at Birth: _____
First Middle Last

Date of Birth: _____ Place of Birth: _____
Month/Day/Year

Father's Name: _____
First Last

Mother's Maiden Name: _____
First Last

Purpose for which certificate is requested: _____

……

Name of Applicant: _____
First Middle Last

Address of Applicant: _____
Street City/Town State Zip Code

Applicant's Phone Number: _____
Area Code & Number

Name Phone Number is Listed Under: _____
First Middle Last

Your Signature: _____

Your Relationship to Registrant? _____

A fee of $15.00 is required by law for the search of the file for any one record. A fee of $10.00 is required by law for each subsequent copy issued at the same time as the initial copy.

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 126:24)