APPLICATION FOR CERTIFIED COPY OF BIRTH - PLEASE PRINT

CITY OF RINDGE, NH

Effective January 1, 2005, all individuals requesting a certified copy of a vital record (birth, marriage, or death record, pursuant to RSA 5:C-16) must present positive identification including, but not limited to, a driver's license, passport or other picture identification or, in the absence of acceptable picture identification, shall complete the form "Documentation Evidence for Individuals not Possessing an Acceptable Picture Identification." If ordering by mail, you must include the request form as well as a photocopy of your identification or the form, along with photocopies of the supporting documentation required with that form. Mail-in orders without positive identification will be returned without having been processed.

DATE:	NO. OF CERTIFICATES
NAME AT BIRTH/BABY'S NAME	
DATE OF BIRTH	
TOWN OF BIRTH	
FATHER'S FULL NAME	
MOTHER'S FULL NAME	
MOTHER'S MAIDEN NAME	
MAILING ADDRESS	
REASON NEEDED	
RELATIONSHIP	
TELEPHONE NO	
SIGNATURE	
	Felony if he/she willfully and knowingly makes any ied copy of a vital record. (NH RSA 5-C:14).
or not the record is located. The fee include certified copies issued at the same time as	h search is \$15.00. The fee shall be charged whether sone certified copy of the record, if located. Additional the initial copy are \$10.00 each. If we do not find the und statement. (Example: \$15.00 for one certificate, ecrtificates, etc.)
Rindge, to: Town Clerk, 30 Payson Hill Roa	eck in the correct amount, made payable to <i>Town of</i> d, Rindge, NH 03461. Please enclose a stamped, self-dditional questions, please feel free to call us at 603-
For Town Clerk Use Only: CERTIFICATE #	#S
Payment Type	