

APPLICATION FOR BIRTH CERTIFICATE
State of New Hampshire
City of Keene

Date Requested: _____

Please Print

Name at Birth: _____

Date of Birth: _____ City of Birth: _____

Parent (Maiden) Name: _____

Parent (Maiden) Name: _____

Number of certificates requested: _____

Signature of Requestor: _____

Relationship to person on certificate: _____

PLEASE BE SURE TO INCLUDE WITH THIS REQUEST A PHOTOCOPY OF PICTURE IDENTIFICATION TO CONFIRM THE I.D. OF THE REQUESTOR.

A FEE OF \$15.00 (dollars) IS REQUIRED BY LAW FOR THE SEARCH OF THE FILES FOR ANY ONE RECORD. ADDITIONAL COPIES OF THE SAME RECORD ORDERED AT THE SAME TIME IS \$10.00 (dollars) EACH. ANY PERSON SHALL BE GUILTY OF A CLASS B FELONY IF HE/SHE WILLFULLY AND KNOWINGLY MAKES ANY FALSE STATEMENT IN AN APPLICATION FOR CERTIFIED COPIES OF A VITAL RECORD. (RSA 126:24)

MAIL YOUR REQUEST TO: CITY CLERK'S OFFICE
3 WASHINGTON STREET
KEENE, NH 03431

Please complete

Your Name _____

Mailing Address _____

Phone # _____