TOWN OF GOFFSTOWN
Town Clerk's Office
16 Main Street
Goffstown, NH 03045

APPLICATION FOR CERTIFIED COPY OF A BIRTH RECORD

PLEASE PRINT PLAINLY

Name at Birth: _____
First Middle Last

Date of Birth: ___/___/____ Place of Birth (Town/City): _____

Father's Name/Person A: _____
First Middle Last

Mother's Name/Person B: _____
First Middle Last (Maiden)

Purpose for which Certificate is requested: _____

Your Signature: _____Relationship to Registrant: _____

Your Name (Please Print): _____

Your Address: _____
Street Town/City State Zip

Your telephone #: _____ E-mail_____

Per NH law RSA (5-c:10) a non-refundable fee of $15 is required for each record requested. If the record is located and you meet New Hampshire's access requirement, you will be issued the requested number of certified copies of that record. If no record is found, your money will not be returned as we must charge for the search even if a record is not found.

Enclose a copy of your photo identification and a self-addressed stamped #10 envelope if certificate is to be mailed to you.

Number of Certified copies requested: _____
(First copy issued at $15.00, each additional copy will be issued for $10.00)

Total Payment: $_____ Payment Type (Cash/Check): Check#_____

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)

OFFICIAL USE ONLY

Date Issued: _____ Certificate #'s issued: _____

Receipt #_____ ID #_____