

Town of Tuftonboro-Town Clerk's Office

PO Box 98, 240 Middle Road

Ctr. Tuftonboro, NH 03816

603-569-4539 Ext. 11

603-569-4328 Fax

townclerk@tuftonboro.org

APPLICATION FOR COPY OF BIRTH CERTIFICATE

PLEASE PRINT

NAME AT BIRTH _____
(First Name) (Middle Name) (Last Name)

DATE OF BIRTH _____
(Month) (Day) (Year)

PLACE OF BIRTH _____

FATHER'S NAME _____
(First) (Last)

MOTHER'S MAIDEN NAME _____
(First) (Last)

NUMBER OF COPIES REQUESTED _____ (First copy \$15; each additional copy will be issued for \$10)
Checks should be made payable to: **Town of Tuftonboro**

PURPOSE FOR WHICH CERTIFICATE IS REQUESTED? _____

SIGNATURE _____

PRINTED NAME _____

ADDRESS _____

PHONE NUMBER _____

RELATIONSHIP TO THE REGISTRANT _____

PLEASE INCLUDE A COPY OF YOUR PHOTO ID

THE LAW FOR THE SEARCH OF THE FILE REQUIRES A FEE OF \$15.00 FOR ANY ONE RECORD. IF WE FIND THAT RECORD AND YOU MEET NEW HAMPSHIRE'S ACCESS REQUIREMENTS, YOU WILL BE ISSUED ONE CERTIFIED COPY OF THAT CERTIFICATE.

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)

DCN #'s ISSUED: DATE ISSUED:
