

Town of Conway
Town Clerk/Tax Collector's Office
1634 E. Main Street
Ctr Conway, NH 03813

Date:

OFFICIAL USE ONLY: NUMBER
REQUESTED
ISSUED

BIRTHS

APPLICATION FOR COPY OF BIRTH CERTIFICATE
PLEASE PRINT

Name Of
Registrant
At Birth:

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME)

Date
At Birth:

(MONTH)

(DAY)

(YEAR)

Place
of Birth:

(CITY/TOWN)

Father's
Name:

(FIRST)

(LAST)

Mother's

Maiden Name:

(FIRST)

(LAST)

PURPOSE OF WHICH CERTIFICATE IS REQUESTED: _____

YOUR

SIGNATURE: _____

YOUR RELATIONSHIP

TO REGISTRANT: _____

THE LAW FOR THE SEARCH OF THE FILE REQUIRES A FEE OF TWELVE DOLLARS 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.

Number (and type) of Certified copies requested (please enter quantity of each document):

Long Form: _____ (First copy issued at \$12; each additional copy will be issued for \$8)

Birth Card: _____

The Certificate(s) will be mailed to the following address:

PLEASE PRINT

Name
Of Applicant:

(FIRST)

(MIDDLE)

(LAST)

Address
Of Applicant:

(STREET)

(CITY/TOWN)

(STATE)

(ZIP CODE)

Applicant
Phone No.:

(AREA CODE & NUMBER)

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)

REV 6/03

PHOTO ID IS REQUIRED