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

APPLICATION FOR 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: ____
First Middle Last

Mother's Name: ____
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_______________________________________

A fee of $15 is required by law for the search of the file for any one record. If we find that record and you meet New Hampshire's access requirement, you will be issued one certified copy of that certificate. 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 #_________________________________