

TOWN OF WOLFEBORO, NEW HAMPSHIRE

BIRTH CERTIFICATE APPLICATION

DATE: _____

INSTRUCTIONS:

1. Print the application to complete
2. Check to make sure all information is complete, legible and sign the application.
3. Enclose a check or Money Order payable to the Town of Wolfeboro
4. Include a self-addressed stamped envelope if doing by mail
5. Mail the request to: Wolfeboro Town Clerk, PO Box 1207, Wolfeboro, NH 03894

PLEASE PRINT

Number of Copies: _____

The first copy is \$15.00 and each additional copy (requested at the same time) is \$10.00

NAME AT BIRTH _____
FIRST MIDDLE LAST

DATE OF BIRTH _____

PLACE OF BIRTH _____

FATHER'S NAME _____
FIRST MIDDLE LAST

MOTHER'S MAIDEN NAME _____
FIRST MIDDLE LAST

PURPOSE FOR REQUEST: _____

(ie: genealogy, insurance, school, ID, travel)

YOUR RELATIONSHIP TO THE ABOVE INDIVIDUAL _____

YOUR NAME & ADDRESS _____

TELEPHONE NUMBER _____

I HEREBY AUTHORIZE THE TOWN CLERK TO TAKE A PHOTO COPY OF MY DRIVER'S LICENSE FOR IDENTITY PURPOSES.

YOUR SIGNATURE _____

*** THE ABOVE INFORMATION IS REQUIRED. PROOF OF ID IS REQUIRED.***

A fee of \$15.00 is required by Law for the search of the file for any one record.

NOTICE: Any person shall be guilty of a Class B Felony if he/she willingly and knowingly makes any false statement in an application for a certified copy of a vital record. (RSA 126:24)