

Date: _____
Ck #: _____
Amount: _____
DCN: _____

**APPLICATION FOR CERTIFIED COPY
OF BIRTH CERTIFICATE**

Date of request _____

Number of copies requested _____

Purpose of request _____

Name of applicant _____

Address of applicant _____

Phone # of applicant _____

Relationship to registrant _____

Signature of applicant _____

A copy of a photo identification must be provided by applicant to honor this request. If you do not have a photo identification, form DVRA-04 ID must be completed and returned with this application.

=====

Full name of registrant _____

Date of birth _____

Place of birth _____

Father's Name _____

Mother's Maiden Name _____

A search fee of \$12.00 is required for every record prior to search. This fee shall include one certified copy of the certificate. Any subsequent copies require an additional prepaid fee of \$8.00 for each.

Please enclose a check or money order for the applicable amount due payable to the **Town of Hill, PO Box 251, Hill, NH 03243** with the return of this application and required documentation.