



City of Laconia
45 Beacon St East
Laconia NH 03246

Phone (603) 527-1265 Fax (603) 524-1766

APPLICATION FOR BIRTH RECORD

Fee: \$15.00 for the search or print of any one record, \$10.00 for each subsequent copy issued
(example: 1 copy = \$15.00, 2 copies = \$25.00, 3 copies = \$35.00, etc)

PHOTOGRAPHIC IDENTIFICATION OF THE APPLICANT IS REQUIRED

If a copy of a current photographic identification (driver's license, non-drivers ID card, passport, etc) is not enclosed, your request will not be processed.

PLEASE PRINT CLEARLY:

Name as it appears on the record

(First) (Middle) (Last)
Date of Birth ____/____/____
(mm) (dd) (yyyy)

Fathers Name

(First) (Middle) (Last)

Mother's Maiden Name

(First) (Middle) (Last)

Purpose for requested certificate _____
(ID, legal matters, lost original, etc)

NOTICE: Any person shall be guilty of a class B Felony if he/she willfully and knowingly make any false statement in an application for a certified copy of vital records (RSA 126:24)

Signature

Print Name

Relationship to registrant

Date

Number of copies requested: _____

**** A self addressed- stamped envelope is required to return your record to you****

Official Use Only
ID # _____
State Issued by _____
Clerk Verification _____