

TOWN OF EAST KINGSTON  
Office of Town Clerk  
P.O. Box 249 (24 Depot Road)  
East Kingston, NH 03827

**APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE**  
(please print)

Date Requested: \_\_\_\_\_

Name at Birth: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Place of Birth(City/Town): \_\_\_\_\_

Father's Name: \_\_\_\_\_  
(First) (Last)

Mother's Maiden Name: \_\_\_\_\_  
(First) (Last)

Purpose for which certificate is requested: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Address of Applicant: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip Code)

Applicant Phone #:(\_\_\_\_)\_\_\_\_\_

Your Signature: \_\_\_\_\_ Relationship to person on certificate: \_\_\_\_\_

**PLEASE BE SURE TO INCLUDE WITH THIS REQUEST A PHOTOCOPY OF PICTURE IDENTIFICATION TO CONFIRM THE I.D. OF THE REQUESTER.**

**A FEE OF \$12.00 (dollars) IS REQUIRED BY LAW FOR THE SEARCH OF THE FILES FOR ANY ONE RECORD. ADDITIONAL COPIES OF THE SAME RECORD, ORDERED AT THE SAME TIME, IS \$8.00 (dollars) EACH. ANY PERSON SHALL BE GUILTY OF A CLASS B FELONY IF HE/SHE WILLFULLY AND KNOWINGLY MAKES ANY FALSE STATEMENT IN AN APPLICATION FOR CERTIFIED COPIES OF A VITAL RECORD (RSA 126:24)**

Please mail completed application to address above.