

**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 Name)**(Last Name)*

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

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 \$15.00 (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 \$10.00 (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.