



OFFICE OF THE TOWN CLERK

10 FRONT STREET EXETER, NH 03833-3792

BIRTH CERTIFICATE REQUEST

Name at Birth _____

Date of Birth _____

Father's Name _____

Mother's MAIDEN Name _____

Purpose of the Request _____
(records, passport, school, etc)

Your Relationship _____
(self, mother, father, etc.) (NO EXOS, COUSINS OR INLAWS)

Number Requested _____

Signature _____

A FEE OF \$15 IS REQUIRED BY LAW FOR THE SEARCH OF THE FILE FOR ANY ONE RECORD. A FEE OF \$10 IS REQUIRED FOR EACH SUBSEQUENT COPY ISSUED AT THE SAME TIME AS INITIAL COPY.

NOTICE: Any person shall be guilty of a Class B Felony if he/she willfully and knowingly makes any false statement in an application for a certified copy of a vital record etc. RSA 5-C:14:II

YOU MUST INCLUDE A COPY OF A PHOTO ID OR DRIVERS LICENSE FOR THE REQUEST TO BE PROCESSED

ANDREA J. KOHLER, CMC
EXETER TOWN CLERK
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