



The State of New Hampshire  
City of Lebanon  
Vital Records

**Application for Copy of Birth Certificate**  
PLEASE PRINT CLEARLY

# Copies	_____
4 + 3 \$	_____
\$8.00 \$	_____ \$8.00
# @ \$5.00 = \$	_____
Total Rec'd \$	_____
Date	_____
Photo ID Verified	<input type="checkbox"/>

Official Use Only

**Birth Name of Person**

**Whose Record is Required:** \_\_\_\_\_

First Name Middle Name Last Name

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

Month-Day-Year (City/State)

**Mother's Maiden Name:** \_\_\_\_\_

First Name Middle Name Last Name

**Father's Name:** \_\_\_\_\_

First Name Middle Name Last Name

**Reason for Request:** (check one)  Travel  Employment  School  Social Security

Social Services  Personal Records  Other (please specify): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Photo ID must be presented for person making the request –**

**If done by mail, please include copy of Photo ID with request form and payment.**

A fee of \$12.00 is required by law for the search of the file for any one record.

(Plus \$8.00 for each additional copy per order)

**For records requested by mail, payment must be in the form of a Certified Cashier's Check or Money Order made out to the "City of Lebanon".**

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 a vital record. (RSA 126:24)