

APPLICATION FOR BIRTH CERTIFICATE  
STATE OF NEW HAMPSHIRE  
TOWN OF ASHLAND

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

Please Print

Name at Birth\_\_\_\_\_

Date of Birth\_\_\_\_\_ Place of Birth\_\_\_\_\_

Father's Name\_\_\_\_\_

Mother's Maiden Name\_\_\_\_\_

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

Number of certified copies requested \_\_\_\_\_

Print Name of Requester\_\_\_\_\_

Signature of Requester\_\_\_\_\_

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 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 are \$8.00 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)

If you are making this request by mail be sure to include the fee and a self  
addressed stamped envelope. Mail request to Town Clerk – PO Box 517 –  
Ashland, NH 03217