

Division of Public Health Services
Town of Chester, NH
Town Clerk's Office

Application for a copy of Birth Certificate

Name at
Birth:

Date of
Birth

Place of Birth

Father's
Name

Mother's
Maiden Name:

Purpose for
Request?

Your

Signature:

Relationship

A \$15.00 fee is required for the search, which includes a copy of the record. \$10.00 for each additional copy of the **same** record requested at the **same** time. **You must show us a photo ID in order to obtain a record. If doing this by mail please include a copy of your photo ID.**

Any person shall be guilty of a Class B Felony if he/she willfully and knowingly makes a false statement in an application for a certified copy of a vital record. **RSA5C: 21**

Address to Mail Record To:

