

APPLICATION FOR A CERTIFIED COPY OF BIRTH CERTIFICATE

Quantity Requested: _____

Name at Birth (First, Middle & Last): _____

Date of Birth (Month, Day, Year): _____

Place of Birth: _____

Father's Name (First & Last): _____

Mother's Maiden Name: _____

Purpose for requesting certificate: _____

Your signature: _____

Relationship: _____

A fee of \$15.00 is required by law in the State of NH for the search of the file for any one record. A fee of \$10.00 is required by law in the State of NH for each subsequent copy issued at the same time as the initial copy.

The Town Clerk of Jackson issues certified copies of birth, death, marriage and divorce certificates to qualified individuals and agencies that provide a "direct and tangible" interest in obtaining a record. Click [here](#) to find out about your access rights to our records.

Effective January 1, 2005 all individuals requesting a certified copy of a record (pursuant to RSA 5-C:102, VI) must present positive identification, including, but not limited to, a driver's license, passport or other picture identification.

Send the completed application (with payment and photo identification) to:

Jackson Town Clerk
Vital Records Request
PO Box 336
Jackson, NH 03846

For more information call the Town Clerk's Office at 603-383-6248 or click [here](#) to access the State of NH Division of Vital Records website.

Notice: Any person shall be guilty of a Class B Felony if he/she willfully and knowingly makes any false statement on application for a certified copy of a vital record. (RSA 126:24)