

Town of Albany
1972 B NH Route 16
Albany, NH 03818
603-447-2877

Kathleen Vizard
Albany Town Clerk/Tax Collector

**APPLICATION FOR COPY OF
BIRTH CERTIFICATE**

Name at Birth _____
(first) (middle) (last)

Mother's Name _____
(first) (middle) (last)

Father's Name _____
(first) (middle) (last)

Place of Birth _____

Date of Birth ____/____/____

Purpose for which Certificate is requested _____

Signature _____

Printed Name _____

Relationship to Registrant _____

First copy \$12.00 additional copies \$8.00

For office use:

Date: _____ **# of certificates:** _____ **DCN(s)** _____

Amt. received _____ **cash** _____ **ck#** _____