

\$10 for 1st copy; \$5 each additional copy

**New Milford Health Department
930 River Road ♦ New Milford, NJ 07646**

APPLICATION FOR CERTIFIED COPIES OF VITAL RECORDS

Acceptable Forms of Identification: A valid photo driver's license or photo non-driver's license OR A driver's license without a photo and an alternate form of ID with address OR Two (2) alternate forms of ID with address.

Alternate Forms of ID: Vehicle Registration; Insurance Card; Voter Registration; Passport; Green Card; County ID; School ID; Utility Bill.

Name of Applicant		Relationship to Person Named on Requested Record <i>(Proof may be required.)</i>	Why is record being requested? <input type="checkbox"/> Passport <input type="checkbox"/> Driver License <input type="checkbox"/> School/Sports <input type="checkbox"/> Social Security Card <input type="checkbox"/> Soc. Sec. Disability <input type="checkbox"/> Other Soc. Sec. Benefits <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Genealogy <input type="checkbox"/> Other:
Street Address			
City	State Zip Code	Telephone Number	
Signature of Applicant		Date of Application	
<input type="checkbox"/> BIRTH	Full Name of Child at Time of Birth		No. of Copies Requested
	Place of Birth (City, Town or Township)		County
	Exact Date of Birth	Name of Hospital (Optional)	
	Mother's Full Maiden Name		Father's Name (if recorded on the record)
	If Child's Name Was Changed, Indicate New Name and How It Was Changed		

DO NOT use this form to request a Certified Copy of a Certificate of Birth Resulting in Stillbirth. Use form REG-68 which is available on the Department's website at: www.state.nj.us/health/vital/vital.shtml. Follow the instructions carefully.

<input type="checkbox"/> MARRIAGE	Name of Husband/Civil Union Partner		No. of Copies Requested
	Maiden Name of Wife/Civil Union Partner		Exact Date of Ceremony
<input type="checkbox"/> CIVIL UNION	Place of Marriage/Civil Union (City, Town or Township)		County
<input type="checkbox"/> DOMESTIC PARTNER-SHIP	Name of Partner		No. of Copies Requested
	Name of Partner		Exact Date Registered
	Place Where Domestic Partnership Registered (City, Town or Township)		County
<input type="checkbox"/> DEATH	Name of Deceased		No. of Copies Requested
	Exact Date of Death	Place of Death (City, Town or Township)	County
	Mother's Full Maiden Name		Father's Name (if recorded on the record)

* Births occurring over 80 years ago, marriages occurring over 50 years ago and deaths occurring over 40 years ago are considered genealogical and therefore exact information is not required. You may provide only the name of the individual recorded on the vital record, the county where the event occurred and the year the event occurred. Multiple years may be searched at a fee of \$1.00 per additional year searched.