

**BOARD OF HEALTH
BOROUGH OF CARLSTADT
500 Madison Street
Carlstadt, N.J. 07072
201/939-2856**

APPLICATION FOR CERTIFIED COPY OF VITAL RECORD

Name of Applicant		Date of Application	
Street Address		Relationship to Person Named in Requested Record (REQUIRED)	
City	State	Zip Code	Telephone No.

Why is a certified copy being requested?

<input type="checkbox"/> Schools/Sports	<input type="checkbox"/> Genealogy	<input type="checkbox"/> Medicare
<input type="checkbox"/> Social Security ID Card	<input type="checkbox"/> Welfare	<input type="checkbox"/> Veterans Benefits
<input type="checkbox"/> Passport	<input type="checkbox"/> Social Security Disability	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Driver License	<input type="checkbox"/> Other Social Security Benefits	

B I R T H	Full name of child at time of birth		# of Copies Requested
	Place of birth (City, Town or Township)		County
	Date of birth	Name of hospital, if any	
	Father's Name		
	Mother's Maiden Name		
	If child's name was changed, indicate new name and how it was changed.		

M A R R I A G E	Name of Husband		# of Copies Requested
	Maiden Name of Wife		
	Place of marriage (City, Township)		County
	Date of marriage (Month/Day/Year)		

D E A T H	Name of deceased as recorded on certificate		# of Copies Requested
	Place of death (City, Town, Township, County)		Date of death (Month/Day/Year)
	Residence if different from place of death		Age at death
	Father's Name		
	Mother's Maiden Name		

The requestor must provide a photo ID with an address. If the photo ID does not have an address an additional form of ID with the address must be provided or two alternate forms of ID, such as, a non-photo driver's license, vehicle registration, insurance card, voter registration card, passport, green card, county ID, school ID or a utility bill (s).

****THERE IS A \$5.00 FEE PER COPY**
MAKE CHECKS PAYABLE TO "REGISTRAR OF VITAL STATISTICS**