

BOROUGH OF FLORHAM PARK, NEW JERSEY
Vital Statistics
APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

A **Certified Copy** of a vital record is issued to those individuals who have a direct link to the individual(s) named on the vital record, as identified in Governor McGreevey's Executive Order 18, and provided that the requestor is able to identify the vital record and can provide proof of his identity and relationship. A Certified Copy will contain the raised seal of the Borough of Florham Park and can be used for legal or identification purposes.

Fee: \$10.00 (per copy) Cash or check payable to "Borough of Florham Park".

PLEASE TYPE OR PRINT CLEARLY! ALL ITEMS ARE REQUIRED UNLESS NOTED OTHERWISE
PROOF OF IDENTITY IS REQUIRED.
DO NOT MAIL CASH

Name of Applicant				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"/> Social Security Disability <input type="checkbox"/> Other Social Security Benefits <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Genealogy <input type="checkbox"/> Other
Street Address <u>and</u> Mailing Address (if different)		Relationship to Person Named On Requested Record. (<u>Proof of Relationship Must Be Provided</u>)		
City	State	Zip Code	Telephone Number	
Signature of Applicant			Date of Application	

BIRTH	Full Name of Child at Time of Birth		No. of Copies Requested	RELATIONSHIP	Your Relationship to Subject <input type="checkbox"/> Subject <input type="checkbox"/> Subject's Parent(s) <input type="checkbox"/> "Current" Spouse of Subject <input type="checkbox"/> Child/Grandchild of Subject <input type="checkbox"/> Sibling (Specify) <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Representative <input type="checkbox"/> Court Order <input type="checkbox"/> Offc'l Agent of State, Local, Fed'l Gov't <input type="checkbox"/> Commissioner of Health (under other emergent circumstances) You must show proof of Relationship (one of above) or a copy cannot be issued
	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				

MARRIAGE	Name of Husband		No. of Copies Requested	RELATIONSHIP	Your Relationship to Subject <input type="checkbox"/> Bride or Groom <input type="checkbox"/> Subject's Parent(s) <input type="checkbox"/> Child/Grandchild of Subject <input type="checkbox"/> Sibling (Specify) <input type="checkbox"/> Legal Guardian / Representative <input type="checkbox"/> Court Order <input type="checkbox"/> Offc'l Agent of State, Local, Fed'l Gov't <input type="checkbox"/> Commissioner of Health (under other emergent circumstances) You must show proof of Relationship
	Maiden Name of Wife		Exact Date of Marriage		
	Place of Marriage (Municipality)		County		

CIVIL UNION	PARTNERSHIP	Name of Partner		No. of Copies Requested	RELATIONSHIP	Your Relationship to Subject <input type="checkbox"/> Bride or Groom <input type="checkbox"/> Subject's Parent(s) <input type="checkbox"/> Child/Grandchild of Subject <input type="checkbox"/> Sibling (Specify) <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Representative <input type="checkbox"/> Court Order <input type="checkbox"/> Offc'l Agent of State, Local, Fed'l Gov't <input type="checkbox"/> Commissioner of Health (under other emergent circumstances) You must show proof of Relationship
		Name of Partner		Exact Date Union/Register		
		Place Where Union/Partnership Occurred (Municipality)		County		

DEATH	Name of Deceased		No. of Copies Requested	RELATIONSHIP	Your Relationship to Subject <input type="checkbox"/> Surviving Spouse of Subject <input type="checkbox"/> Subject's Parent(s) <input type="checkbox"/> Child/Grandchild of Subject <input type="checkbox"/> Sibling (Specify) <input type="checkbox"/> Legal Guardian / Representative <input type="checkbox"/> Court Order <input type="checkbox"/> Offc'l Agent of State, Local, Fed'l Gov't <input type="checkbox"/> Funeral Director/Commissioner of Health (under other emergent circumstances) You must show proof of Relationship Consent must be Completed for COD
	Exact Date of Death		Place of Death (Municipality <u>and</u> County)		
	Mother's Full Maiden Name		Father's Name (if recorded on the record)		

FOR OFFICE USE ONLY				
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Payment Amount: \$	Type of ID Viewed:	Type of Proof of Relationship Viewed:	Processed By:

BOROUGH OF FLORHAM PARK
Office of Vital Statistics
 111 Ridgedale Avenue
 Florham Park, New Jersey 07932
 973-410-5319 – Telephone
 973-410-5485 - Fax

OFFICE HOURS

The Registrar's Office is open Monday through Friday from 9:00am until 4:30pm (excluding holidays). Walk-ins should arrive no later than 4pm to receive their certificate the same day. It is recommended that you call before coming in person.

FEES AND REQUIRED DOCUMENTATION

Via Mail or Over-the-Counter

Birth: \$10.00 each

Marriage, Civil Union or Domestic Partnership: \$10.00 each

Death: \$10.00 each

<u>Self-Identification:</u> All mail-in requests <u>must</u> include a copy of your <u>photo</u> driver's license with address or two alternate forms of ID with your address. Acceptable types of alternate identification are: driver's license without photo, vehicle registration, insurance card, voter registration card, passport, green card, County ID, School ID and utility bill.	Did you include?
<u>Proof of Relationship:</u> You <u>must</u> also <u>include proof of your relationship</u> to the individual(s) listed on the record you are requesting, unless it is a request for your own record. Persons requesting records over-the-counter must have these original identifications in their possession when filing an Application for a Certified Copy of a Vital Record.	Did you include?
<u>Self-Addressed, Stamped Envelope:</u> Mail all requests to address listed above. You must include a self-addressed, stamped envelope, if you request that a record be mailed back to you. ALL MAIL-IN REQUESTS WILL BE MAILED <u>ONLY</u> TO THE ADDRESS SHOWN ON YOUR PROOF OF IDENTIFICATION. VITAL RECORDS ARE NEVER FAXED.	Did you include?