



REQUEST FOR CERTIFIED COPY OF **DOMESTIC PARTNERSHIP CERTIFICATE**

TOWNSHIP OF MONTCLAIR

205 Claremont Avenue, Montclair, NJ 07042

Office of Vital Statistics

Number of copies _____ at \$10.00 per copy	Total \$ _____	Check # _____
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Date of Domestic Partnership _____

Name of Partner #1 _____ Name of Partner #2 _____

Reason for obtaining Certificate _____

Person requesting copy:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Relationship to person on Certificate _____ Must show proof of relationship.

Please enclose the following with your request:

- Copy of photo driver's license with current address OR
- Two (2) other forms of ID such as:
- Utility bill, lease, deed, tax return, telephone bill, bank statement
- Return envelope with same address as on ID – NO P.O. BOX NUMBERS (we can only return to address on ID)
- Fee money order or check (no cash)

Please Note: only IMMEDIATE relatives may obtain certified copy. Name on ID must correspond with name on certificate.

<p>Mail to: Township of Montclair Vital Statistics 205 Claremont Avenue Montclair, NJ 07042</p>	<p>For rush delivery: use only Post Office Overnight Express with return envelope completed. NO OTHER CARRIER</p>
<p>For questions, please call the Office of Vital Statistics: 973-509-4973</p>	