

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

Date of Birth (full date required) _____

Name at Birth _____

Where Born (*hospital or town*) _____

Mother's Name _____ Father's Name _____

Reason for obtaining Certificate _____

Person requesting copy:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Relationship to person on Certificate _____

Must have same name or show proof of relationship, i.e. if married, enclose copy of marriage license.

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)
- If married, copy of marriage license showing maiden name

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

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