

Borough of New Providence

REQUEST FOR CERTIFIED COPY OF VITAL STATISTIC RECORD

PLEASE TYPE OR PRINT CLEARLY

Certified copies are \$15.00 each. Please make checks payable to: **Borough of New Providence**. If you are mailing this request, please enclose a self-addressed stamped envelope and a photocopy of ID that contains your picture and signature, or 2 forms of ID with signature only. The ID will be returned to you. Mail your request to:

Borough of New Providence, 360 Elkwood Ave., New Providence, NJ 07974.

Name of Applicant		Applicant's Relationship to Person Named On Requested Record:	Why is record requested? <input type="checkbox"/> Passport <input type="checkbox"/> Driver's 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 (Specify):
Street Address			
City	State Zip Code	Telephone Number	
Signature of Applicant		Date of Request	
B I R T H	Full Name of Child at Time of Birth		Number of Copies Requested
	Place of Birth (City, Borough, Town or Township)		County
	Exact Date of Birth	Name of Facility Where Born (Hospital, Birthing Center, Home, etc.)	
	Mother's Full Maiden Name	Father's 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		Number of Copies Requested
	Maiden Name of Wife		Date of Marriage
	Place of Marriage (Borough, City, Town or Township)		County
P A R T N E R S H I P	Name of Domestic Partner A	Name of Domestic Partner B	
	Municipality Where Domestic Partnership Registered (Borough, City, Town)		County Where Registered
	Date Domestic Partnership Registered		Number of Copies Requested
D E A T H	Full Name of Deceased		
	Place of Death (Borough, City, Town or Township)		County
	Residence at Time of Death (If Different From Place of Death)		
	Date of Death	Age at Death	Number of Copies Requested
	Father's Name		Mother's Full Maiden Name