Borough of Prospect Park Health Department Vital Statistics and Registry 106 Brown Avenue Prospect Park, New Jersey 07508

## APPLICATION FOR A <u>NON-GENEALOGICAL</u> CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD

Certified Copy Certified Copy for an Apostille Seal		Requestor's Relationship to Person on Record (proof is required for certified copy,		Requestor's Signature	
Certification			Date (of request,	/ /	
Name of Requestor Reasons for Request					
First Middle			Passport Driver's License		
Last			School / Sports		
Current Mailing Address (must match address on ID)					
Street				Social Security Card / Benefits Medicare	
City State Zip Code				/ Disability	
Email Address		Daytime Phone Number	Other:	Other:	
	@ .	( ) -		ā	
BIRTH					
Child's Name at Birth	First Middle		Last		
No. Requested Copies	Place of Birth		County	Date of Birth	
	City	State		/ /	
Name of Child's Parents (name given at birth or on birth certificate / Maiden Name)					
Parent A First Middle Last					
Parent B First Middle Last					
If Child's name was changed:  New Name  Describe Change					
MARRIAGE		CIVIL UNION	DOMESTIC	PARTNERSHIP	
No. Requested Copies	Place of Event		County	Date of Event	
	City	State		/ /	
Name of Spouses (name given at birth or on birth certificate / Maiden Name)					
Spouse A First		Middle	Last		
Spouse B First		Middle	Last		
DEATH					
Name of Decedent	First	Middle	Last		
No. Requested Copies	Place of Death		County	Date of Death	
	City	State		/ /	
Name of Decedent's Parents (name given at birth or on birth certificate / Maiden Name)					
Parent A First		Middle	Last		
Parent B First		Middle	Last		
Have you enclosed and completed all Completed Application Proof of Relationship required information? Acceptable Forms of ID Mailing Address Matches ID					
PEG 370 FOR STATE USE ONLY					
REG-37a SEP 17 Payment Type	e: Cash M/O Check	Waived Amount: \$	☐ ID Viewed Pr	ocessed By:	