

CERTIFIED COPY OF VITAL RECORD REQUEST FORM

\$10.00 PER COPY

Driver's License copy or Passport copy must be included

DATE: _____

IF YOU WANT A COPY OF A MARRIAGE CERTIFICATE (PLEASE PRINT):

DATE OF MARRIAGE: _____

PLACE OF MARRIAGE: _____

FULL NAME OF GROOM: _____

FULL MAIDEN NAME OF BRIDE: _____

IF YOU WANT A BIRTH CERTIFICATE (PLEASE PRINT):

NAME ON RECORD: _____

DATE OF BIRTH: _____

FULL MAIDEN NAME OF MOTHER: _____

NAME OF FATHER: _____

IF YOU WANT A COPY OF A DEATH CERTIFICATE (PLEASE PRINT):

FULL NAME OF DECEASED: _____

DATE OF DEATH: _____

FATHER'S NAME: _____

MOTHER'S FULL MAIDEN NAME: _____

PLACE OF DEATH: _____

NUMBER OF CERTIFICATES REQUESTED: _____

PURPOSE NEEDED: _____

YOUR NAME & ADDRESS: _____

YOUR PHONE NUMBER: _____

RELATIONSHIP TO THE NAMED ABOVE: _____

YOUR SIGNATURE: _____

PLEASE REMIT THIS FORM, PAYMENT, AND A COPY OF IDENTIFICATION TO:

BOROUGH OF HIGH BRIDGE

ATTN: BOROUGH CLERK

71 MAIN STREET

HIGH BRIDGE, NJ 08829

FOR STAFF USE ONLY:

I.D. - DRIVER'S LICENSE: INDICATE # AND STATE ISSUED: _____

PASSPORT: INDICATE COUNTRY OF ISSUANCE AND #: _____