

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

**Certified copies are \$10.00 each. Please make checks payable to:
Blairstown Township
(if sending by mail, include copies of two forms of identification and return with form
and fee to 106 Route 94, Blairstown, NJ 07825)**

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 MARRIAGE CERTIFICATE: (PLEASE PRINT)

DATE OF MARRIAGE: _____

FULL NAME OF GROOM: _____

FULL MAIDEN NAME OF BRIDE: _____

PLACE OF MARRIAGE: _____

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: _____

SIGNATURE: _____

FOR STAFF USE ONLY:

I.D. (If drivers license, indicate # and State Issued): _____

(If passport, indicate country of issuance and #)