

Township of East Hanover  
411 Ridgedale Avenue  
East Hanover, New Jersey 07936  
Attention: Terri

APPLICATION FOR A NON-GENEALOGICAL  
CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD

<input type="checkbox"/> Certified Copy <input type="checkbox"/> Certified Copy for an Apostille Seal <input type="checkbox"/> Certification	<b>Requestor's Relationship to Person on Record</b> (proof is required for certified copy)	<b>Requestor's Signature</b>  <b>Date (of request)</b> /     /
<b>Name of Requestor</b> First _____ Middle _____ Last _____	<b>Reasons for Request</b> <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> School / Sports <input type="checkbox"/> Veterans' Benefits <input type="checkbox"/> Social Security Card / Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare / Disability <input type="checkbox"/> Other: _____	
<b>Current Mailing Address</b> (must match address on ID) Street _____ City _____ State _____ Zip Code _____		
<b>Email Address</b> _____ @ _____ . _____	<b>Daytime Phone Number</b> (     )     -     _____	

<input type="checkbox"/> <b>BIRTH</b>			
<b>Child's Name at Birth</b> First _____ Middle _____ Last _____			
<b>No. Requested Copies</b> _____	<b>Place of Birth</b> City _____ State _____	<b>County</b> _____	<b>Date of Birth</b> /     /
<b>Name of Child's Parents</b> (name given at birth or on birth certificate / Maiden Name)			
<b>Parent A</b>	First _____ Middle _____ Last _____		
<b>Parent B</b>	First _____ Middle _____ Last _____		
<b>If Child's name was changed:</b> New Name _____ Describe Change _____			

<input type="checkbox"/> <b>MARRIAGE</b>	<input type="checkbox"/> <b>CIVIL UNION</b>	<input type="checkbox"/> <b>DOMESTIC PARTNERSHIP</b>	
<b>No. Requested Copies</b> _____	<b>Place of Event</b> City _____ State _____	<b>County</b> _____	<b>Date of Event</b> /     /
<b>Name of Spouses</b> (name given at birth or on birth certificate / Maiden Name)			
<b>Spouse A</b>	First _____ Middle _____ Last _____		
<b>Spouse B</b>	First _____ Middle _____ Last _____		

<input type="checkbox"/> <b>DEATH</b>			
<b>Name of Decedent</b> First _____ Middle _____ Last _____			
<b>No. Requested Copies</b> _____	<b>Place of Death</b> City _____ State _____	<b>County</b> _____	<b>Date of Death</b> /     /
<b>Name of Decedent's Parents</b> (name given at birth or on birth certificate / Maiden Name)			
<b>Parent A</b>	First _____ Middle _____ Last _____		
<b>Parent B</b>	First _____ Middle _____ Last _____		

Have you enclosed and completed all required information?

<input type="checkbox"/> Completed Application	<input type="checkbox"/> Proof of Relationship
<input type="checkbox"/> Payment	<input type="checkbox"/> Acceptable Forms of ID
	<input type="checkbox"/> Mailing Address Matches ID

<b>FOR STATE USE ONLY</b>			
<b>Payment Type:</b> <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	<b>Amount:</b> \$ _____	<input type="checkbox"/> ID Viewed	<b>Processed By:</b> _____