



BOROUGH OF ALLENDALE
500 West Crescent Avenue Allendale, NJ 07401

Board of Health

(201) 818-4400
FAX: (201) 825-1913

New Jersey Department of Health and Senior Services
Vital Statistics and Registration
Application for a CERTIFIED copy of a vital record

A Certified Copy of vital record event is issued to those individuals who have a direct link to the individual(s) named on the vital record event, as identified in Governor McGreevy's Executive Order 18, provided that the requestor is able to identify the vital record and establish their identity. A certified copy will contain the raised seal of the Borough of Allendale, NJ and can be used for legal identification purposes.

PLEASE TYPE OR PRINT CLEARLY! ALL ITEMS ARE REQUIRED UNLESS NOTED OTHERWISE. PROOF OF IDENTITY IS REQUIRED. MAKE CHECK PAYABLE TO "THE BOROUGH OF ALLENDALE".

Number of copies requested _____ @ \$10.00 per Certified Copy

Type of Record: ___ BIRTH ___ DEATH ___ MARRIAGE ___ CIVIL UNION ___ DOMESTIC PTR

NAME OF APPLICANT (PERSON COMPLETING THIS FORM)

DATE OF APPLICATION

Signature of Applicant

Street Address

Telephone Number

City/State/Zip Code

Date of Event: _____

Name(s) on Record: _____

Why is the record being requested: _____

Relationship to individual named on requested record: (self, spouse, parent, child, etc.)

For Birth Certificates only: _____
(List Parents name as shown on certificate)

I.D. Required:
(2 of the following)

Valid Driver's License, Valid Passport, Social Security Card,
Birth Certificate, County ID, School ID