

**FORM TO BE USED WHEN REQUESTING A CERTIFIED
COPY OF A MARRIAGE, DEATH, BIRTH, DOMESTIC
PARTNERSHIP OR CIVIL UNION RECORD**

1- The EXACT name(s) that is currently recorded on the document:

2- The EXACT place of the event:

3- The EXACT date of the event:

4- The mother's maiden name:

5- The father's name (when recorded):

6- Your relationship to the certified copy requested. (Subject, Subject's Parent, Legal Guardian, Legal Representation, Subject's Spouse/Partner, Subject's Child, Subject's Grandchild, Subject's Sibling, Court Order, Agent Of A Government Agency, etc.)

7- Why is record being requested? (Examples: Passport, Driver's License, School/Sports, Social Security, Medicare, Welfare, Veterans Benefits, Genealogy, Welfare, Other, Specify).

I hereby certify that the above answers and information are true. I understand that if I have made any false or provide misleading information, I am subject to punishment and guilty of a disorderly persons offense. (New Jersey Administrative Code 2C:28-3, "Unsworn Falsification To Authorities")

Print Your Name: _____ Your Signature: _____

Address: _____

Phone: _____ Date: _____

(Health Dept. Use) _____