REQUEST FOR CERTIFIED COPY OF VITAL RECORD
FEE $10.00 PER COPY

TWO FORMS OF IDENTIFICATION REQUIRED-ONE MUST BE PHOTO

Number of copies requested:_____

PLEASE CHECK APPROPRIATE BOX:

Marriage_____ Birth_____ Death_____ Civil Union_____

NAMES ON VITAL RECORD _____

_____

Maiden name (marriage) _____

EXACT DATE OF EVENT: _____

NAME OF PERSON REQUESTING RECORD_____
(Please Print)

SIGNATURE OF PERSON REQUESTING RECORD:_____

TYPE OF PHOTO ID FURNISHED:_____

Other form of identification:_____

This portion to be filled out by Registrar Office

Provided by:_____ Date:_____ Document#:_____

Return this form to: Village of Ridgefield Park
234 Main Street
Ridgefield Park, NJ 07660

Attn: Vital Statistics