

**City of Englewood Department of Health
Vital Statistics & Registration
APPLICATION FOR A CERTIFICATION OR A CERTIFIED COPY OF A VITAL RECORD**

A **Certification** of a vital record event is issued to those individuals with a distant or no relationship to the individual(s) listed on the vital record. It is issued for informational purposes only and cannot be used for legal or identification purposes.

A **Certified Copy** of a 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 McGreevey's Executive Order 18, and provided that the requestor is able to identify the vital record and can provide proof of his identity and relationship. A Certified Copy will contain the raised seal of the City of Englewood Dept. of Health and can be used for legal or identification purposes.

PLEASE TYPE OR PRINT CLEARLY! ALL ITEMS ARE REQUIRED UNLESS NOTED OTHERWISE* PROOF OF IDENTITY IS REQUIRED.
MAKE MONEY ORDER PAYABLE TO ENGLEWOOD DEPT OF HEALTH . DO NOT MAIL CASH.
CERTIFICATES ARE \$15.00 EACH

Name of Applicant	Relationship to Person Named on Requested Record (Proof may be required, incl. marriage certif. for female applicants)	Reason for Record Request <input type="checkbox"/> Passport <input type="checkbox"/> Driver License <input type="checkbox"/> School/Sports <input type="checkbox"/> Social Security Card <input type="checkbox"/> Other Soc. Sec. benefits <input type="checkbox"/> Veterans benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Genealogy <input type="checkbox"/> Other:
Street Address		
City State Zip	Telephone	
Email address		
Signature of Applicant	Date of Application	

* <input type="checkbox"/> BIRTH	Full Name of Child at Birth		Copies Requested
	Place of Birth (City/Town/Township) ENGLEWOOD		County BERGEN
	Exact Date of Birth	Hospital / facility (optional)	
	Mother's Full Maiden Name		Father's Name (if recorded)
	If Child's Name Was Changed, indicate new name and how it was changed		

DO NOT use this form to request a Certified Copy of a Certificate of Birth Resulting in Stillbirth

* <input type="checkbox"/> MARRIAGE * <input type="checkbox"/> CIVIL UNION	Name of Husband/Civil Union Partner		Copies Requested
	Name of Wife/Civil Union Partner		Exact Date of Ceremony
Place of Marriage (City/Town/Township) ENGLEWOOD		County BERGEN	

* <input type="checkbox"/> DOMESTIC PARTNERSHIP	Name of Partner		Copies Requested
	Name of Partner		Exact Date Registered
	Place Where Registered (City/Town/Township) ENGLEWOOD		County BERGEN

* <input type="checkbox"/> DEATH	Name of Deceased		Copies Requested
	Exact Date of Death	Place of Death (City/Town/Township) ENGLEWOOD	
	Mother's Full Maiden Name		Father's Name (if recorded)

* Births occurring over 80 years ago, marriages occurring over 50 years ago and deaths occurring over 40 years ago are considered genealogical and therefore exact information is not required. You may provide only the name of the individual recorded on the vital record, the place and the year the event occurred.