Borough of Cresskill 67 Union Avenue Cresskill, NJ 07626

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

☐ Certified Copy ☐ Certified Copy for an Apostille Seal ☐ Certification		Requestor's Relationship to Person on Record (proof is required for certified cop	py)	Requestor's Signature  Date (of request) / /	
Name of Requestor  Reasons for Request  Passport					
First	Middle			Driver's License	
Last			School /		
Current Mailing Addres	SS (must match address on ID)			s' Benefits ecurity Card / Benefits	
Street			Medicar	e	
City	State	Zip Code	Other:	/ Disability	
Email Address	_	Daytime Phone Number			
	<b>@</b> .	( ) -			
BIRTH					
Child's Name at Birth	First	Middle	Last		
No. Requested Copies	Place of Birth		County	Date of Birth	
	City	State		/ /	
Name of Child's Parents (name given at birth or on birth certificate / Maiden Name)					
Parent A First Middle Last					
Parent B First Middle Last					
If Child's name was changed:  New Name  Describe Change					
New Name Describe Change					
MARRIAGE		CIVIL UNION		PARTNERSHIP	
No. Requested Copies		Stata	County	Date of Event	
Name of Spouses (name given at birth or on birth certificate / Maiden Name)					
Spouse A First	given at birth of on birth certific	Middle			
Spouse B First			Last		
		Middle	Last Last		
DEATH DEATH					
	First				
DEATH DEATH	Place of Death	Middle  Middle	Last	Date of Death	
DEATH  Name of Decedent  No. Requested Copies	Place of Death City	Middle  State	Last Last	Date of Death / /	
DEATH  Name of Decedent  No. Requested Copies  Name of Decedent's Pa	Place of Death City	Middle  Middle	Last Last		
DEATH  Name of Decedent  No. Requested Copies  Name of Decedent's Parent A First	Place of Death City	Middle  State on birth certificate / Maiden Name)  Middle	Last Last		
DEATH  Name of Decedent  No. Requested Copies  Name of Decedent's Pa	Place of Death City	Middle  State on birth certificate / Maiden Name)	Last  County		
DEATH  Name of Decedent  No. Requested Copies  Name of Decedent's Parent A First	Place of Death City  arents (name given at birth or o	Middle  State on birth certificate / Maiden Name)  Middle	Last  County  Last  Last  Last  Last  Accep  Mailin		

Payment Type: 
Cash M/O Check Waived Amount: \$

# Borough of Cresskill 67 Union Ave. Cresskill, NJ 07626

Contact Registrar at 201-569-5400 for further information

\$10 per copy – please mail a self addressed stamped envelope with your application.

You must provide acceptable ID in order to get a copy of any vital record. Copies of vital records **must** be mailed to the address listed on your identification.

The following are acceptable forms of ID:

• A current, valid photo driver's license or photo non-driver's license with current address

#### OR

 A current, valid driver's license without photo and one alternate form of ID with current address.

## OR

• Two alternate forms of ID, one of which must have current address.

## Alternate forms of ID are:

- Vehicle registration
- Vehicle insurance card
- Voter registration
- US/Foreign Passport
- Immigrant Visa
- Permanent Resident Card (Green card)
- Federal/State ID
- County ID
- School ID
- Bank Statement (within previous 90 days)
- Utility bill (within the previous 90 days)
- Tax Return or W-2 for current/previous tax year