

REQUESTING A BIRTH CERTIFICATE (Please Print)

NAME ON RECORD \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

FULL MAIDEN NAME OF MOTHER \_\_\_\_\_

NAME OF FATHER \_\_\_\_\_

REQUESTING A COPY OF A MARRIAGE  
OR CIVIL UNION CERTIFICATE

DATE OF MARRIAGE/CIVIL UNION \_\_\_\_\_

FULL NAME OF GROOM/ APPLICANT \_\_\_\_\_

FULL MAIDEN NAME OF BRIDE/APPLICANT \_\_\_\_\_

PLACE OF MARRIAGE \_\_\_\_\_

REQUESTING A COPY OF A DEATH CERTIFICATE

FULL NAME OF DECEASED \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MOTHER'S FULL MAIDEN NAME \_\_\_\_\_

PLACE OF DEATH \_\_\_\_\_

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# CERTIFICATES REQUESTED \_\_\_\_\_ PURPOSE NEEDED \_\_\_\_\_

YOUR NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE# \_\_\_\_\_ RELATIONSHIP TO THE NAMED ABOVE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**FOR STAFF USE ONLY**

I.D. (if drivers license indicate # & State issued) \_\_\_\_\_

(if passport indicate country of issuance & #) \_\_\_\_\_

Patricia A. Ward, CMR  
Winslow Township Board of Health  
125 S. Rt. #73, Braddock, NJ 08037

FEES: \$10.00 for first certified copy  
\$ 2.00 for each additional copy

**\*\*MUST ENCLOSE COPY OF DRIVER'S LICENSE\*\***