



Lincoln Park Health Department  
 34 Chapel Hill Road  
 Lincoln Park, NJ 07035  
 973-694-6306

# REQUEST FOR CERTIFIED COPIES

Date of Request: \_\_\_\_\_

<b>Type of Record:</b>  <input type="checkbox"/> Birth <input type="checkbox"/> Civil Union <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Marriage <input type="checkbox"/> Death	Name of Record:  _____ <p style="text-align: center;">First Name Only</p> _____ <p style="text-align: center;">Middle Name</p> _____ <p style="text-align: center;">Last Name</p> _____ <p style="text-align: center;">Place of Birth</p> _____	Full Maiden Name of Mother:  _____ _____ Full Name of Father:  _____ _____	MARRIAGE / CIVIL UNION  Full Name of Husband or Full Name of Partner A:  _____  Full Name of Wife or Full Name of Partner B:  _____															
	Place of Death:  _____	Full Name of Domestic Partner:  _____	Full Name of Domestic Partner:  _____	Place of Marriage / Civil Union:  _____														
	Birth/Civil Union / Domestic Partnership / Marriage / Death  _____ / _____ / _____ <p style="text-align: center;">Month                      Day                      Year</p>		How Many Certificates do you want:  _____ @ \$10.00 ea = _____	Purpose Needed:  _____														
	Your Name:  _____ Please Print  Your Signature:  _____	Your Current Address with proof  _____ _____ Phone Number: (    ) _____ - _____	YOUR relationship to the individual on record: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 15%;"><input type="checkbox"/> Self</td> <td style="border: 1px solid black; width: 15%;"><input type="checkbox"/> Mother</td> <td style="border: 1px solid black; width: 15%;"><input type="checkbox"/> Father</td> <td style="border: 1px solid black; width: 15%;"><input type="checkbox"/> Spouse</td> <td style="border: 1px solid black; width: 15%;"><input type="checkbox"/> Child</td> </tr> <tr> <td style="border: 1px solid black;"><input type="checkbox"/> Sibling</td> <td style="border: 1px solid black;"><input type="checkbox"/> Fun Dir.</td> <td style="border: 1px solid black;"><input type="checkbox"/> Legal Guardian</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black;"><input type="checkbox"/> Legal Rep.</td> <td style="border: 1px solid black;"><input type="checkbox"/> Other</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </table>		<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Sibling	<input type="checkbox"/> Fun Dir.	<input type="checkbox"/> Legal Guardian			<input type="checkbox"/> Legal Rep.	<input type="checkbox"/> Other		
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<input type="checkbox"/> Legal Rep.	<input type="checkbox"/> Other																	

Note: ID is required to obtain vital records. Such as a valid Driver's License (photo or non-photo) with current address and signature. Other forms of ID would be County ID, Valid School ID, Valid Passport, Board of Social Services ID and proof of address. If you have **NO ID** you can have an immediate relative request the record on your behalf. That would be either mother, father, sister, brother (over the age of 18 with the ID stated above and a valid/current birth certificate with parents names on it. Any guardian of a minor child must submit court documents of guardianship along with the ID stated above.