

MENDHAM BOROUGH BOARD OF HEALTH
2 West Main Street, Mendham, NJ 07945
(973-543-7152 Fax. 973-543-7202)

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

A **Certified Copy** of a vital record event is issued to those individuals who have a direct link to the individual named on the vital record event as identified in Governor McGreevey's Executive Order 18, provided that the requestor is able to identify the vital record and establish their identity. A certified copy will contain the raised seal of the Mendham Borough Board of Health and can be used for legal or identification purposes.

PLEASE TYPE OR PRINT CLEARLY! ALL ITEMS ARE REQUIRED. PROOF OF IDENTITY IS REQUIRED.

(Photo ID plus another form of government identification required)

MAKE CHECK OR MONEY ORDER PAYABLE TO "THE BOROUGH OF MENDHAM". DO NOT MAIL CASH. (\$10.00 per copy)

Name of Applicant	Relationship to Person Named on Requested Record	Why is record being requested: <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> School/Sports <input type="checkbox"/> Social Security Card <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Other Social Security Benefits <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Genealogy <input type="checkbox"/> Other
Street Address	<input type="checkbox"/> Self <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Spouse	
City State Zip Code	<input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Funeral Director	
Telephone # Date of Application	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Representative	
Signature of Applicant	<input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Other: _____	

B I R T H	Full Name of Child at Time of Birth		No. of Copies Requested
	Place of Birth (City, Town or Township)		County
	Exact Date of Birth	Name of Hospital	
	Mother's Full Maiden Name		Father's Name (if recorded on the record)
	If Child's Name Was Changed, Indicate New Name and How It Was Changed		

M A R R I A G E	Name of Husband		No. of Copies Requested
	Maiden Name of Wife		Exact Date of Marriage
	Place of Marriage (City, Town or Township)		County

Civil Union/ Domestic Partnership	Name of Partner		No. of Copies Requested
	Name of Partner		Exact Date Registered
	Place Where Civil Union/Domestic Partnership Registered (City, Town or Township)		County

D E A T H	Name of Deceased		No. of Copies Requested
	Exact Date of Death	Place of Death (City, Town or Township)	County
	Mother's Full Maiden Name		Father's Name (if recorded on the record)

FOR BOROUGH USE ONLY

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Waived	Payment Amount: \$	ID Viewed:	Certificate #
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DIRECTIONS FOR REQUESTING A CERTIFIED COPY OF A VITAL RECORD

Please complete the upper portion of the application and the areas of the application that apply to your request. Return the completed application and your check to the Borough of Mendham, 2 West Main Street, Mendham, New Jersey 07945.

Please note:

1. Check is to be made payable to the Borough of Mendham.
(\$10.00 per certified copy)
2. A copy of a photo ID plus another form of identification; such as vehicle registration, insurance ID card, voter registration card, passport, green card, county ID, or school ID.

Please do not send original documents and expired identification will not be accepted.

3. If you would like your certified documents mailed to you, please provide written permission. Documents will be mailed "Certified/Return Receipt" to the address on your application and identification provided.
4. If you would like a friend or relative to pick up your certified documents, please provide written permission with your signature, notarized and notary public seal. Documents will be released upon receipt of this permission and a photo ID of the person accepting them.

The search for a vital record request begins when the application and identification are received and checked for completeness. Invalid identification, incomplete application and/or incorrect information will delay the process which normally takes between five to seven business days.

When a record is located and the document created, you will be notified by telephone. All documents must be released within sixty days of the request or they will be voided.

Your documents can be picked up at the Borough of Mendham, Phoenix House, between the hours of 9:00am-12 noon and 1:00pm-4:30pm.

ADDITIONAL ITEMS REQUIRED:

1. If you are not named in the document you are requesting, you need to provide proof of your relationship to the name on the record.
(Certified Copies of Birth and/or Marriage Certificates Are Required)
2. If you are an "Executor" or "Executrix" you need to provide a Surrogate Certificate. (A request for a certified copy of a death certificate cannot be honored until the Executor" or "Executrix" has been appointed)

Attorney for the Executor:

(Cannot honor a request for a certified copy of a death certificate until the "Executor" or "Executrix" has been appointed)

- Letter from the Attorney (on stationery) stating that they are the Representative for the "Executor" or "Executrix"
- Letter from the "Executor" or "Executrix" naming Atty. as a Representative/or copy of Retainer Contract
- Copy of a Photo ID (ie: Driver's License) + (1) Additional ID of the Attorney
- Copy of Surrogate Certificate

Attorney- Client is a Beneficiary:

- Letter from the Attorney with the purpose of the request
- Copy of a Photo ID (ie: Driver's License) + (1) Additional ID of the Attorney
- Surrogate Certificate
- Letter from the "Executor" or "Executrix" naming the Beneficiary
- Copy of the letter from the insurance company to the Beneficiary