Requirements to Obtain
Certified Copy of a Vital Record

The person completing the form is the APPLICANT. Complete the highlighted section for the Vital Record you are requesting. The information on the application MUST match the Vital Record. If you require a Spanish version of the application, please contact our office.

Payment
The fee for a vital record is $15.00 per copy. Please make your check payable to the “Borough of Old Tappan”.

Acceptable forms of Identification
The Applicant must provide a copy of a valid, photo driver’s license. The driver’s license must be legible - name, address and photo must be clear. If you do not have a photo driver’s license, send a copy of your non-photo driver’s license and copies of two current utility bills that indicate your name and address.

Proof of Relationship
Who can obtain a certified copy of a Vital Statistics Record?

- Subject of record (Birth & Marriage)
- Surviving spouse (Death)
- Current spouse
- Subject’s parents
- Biological Grandchild of subject
- Biological Children of subject
- Siblings
- Legal Guardian
- Legal Representative
- Court Order

Mailing Address matches ID
To receive a Certified Copy via US Postal Service, a self-addressed stamped envelope must be provided. All requests will be expedited as long as all of the above requirements are met.

Submit your request to:
Borough of Old Tappan
227 Old Tappan Road
Old Tappan, NJ 07675

Sincerely,

Lori Langone
Lori Langone, CMR
Registrar of Vital Statistics

Since 1664 – “Over 300 years of History and Heritage”
APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

<table>
<thead>
<tr>
<th>Name of Applicant</th>
<th>Relationship to person on record (Proof is required)</th>
<th>Reasons for Request:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Mailing Address (Must Match address on ID)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Applicant’s Signature</td>
<td>Date of Application</td>
<td></td>
</tr>
</tbody>
</table>

**BIRTH**

- Full Name of Child at Time of Birth
- Place of Birth (City, Town)
- Child’s Mother’s Full Maiden Name
- Child’s Father’s Name (if on record)
- Exact Date of Birth
- If the Child’s Name was Changed, Indicate New Name and How it was Changed:

**MARRIAGE**

- Name of Husband / Partner
- Maiden Name of Wife / Partner
- Exact Date of Event
- Place of Event (City, Town)
- County

**CIVIL UNION**

- Name of Husband / Partner
- Maiden Name of Wife / Partner
- Exact Date of Event
- Place of Event (City, Town)
- County

**DOMESTIC PARTNERSHIP**

- Name of Husband / Partner
- Maiden Name of Wife / Partner
- Exact Date of Event
- Place of Event (City, Town)
- County

**DEATH**

- Name of Deceased
- Social Security Number
- Exact Date of Death
- Place of Event (City / Town)
- County
- Maiden Name of Deceased Individual’s Mother
- Name of Deceased Individual’s Father

CHECKLIST: ☐ A completed Application ☐ Payment ☐ Valid ID ☐ Proof of Relationship ☐ Mailing Address matches ID

TO RECEIVE A CERTIFIED COPY VIA THE US POSTAL SERVICE, YOU MUST PROVIDE A SELF-ADDRESSED STAMPED ENVELOPE

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