

Lori Langone, CMR
Registrar of Vital Statistics
llangone@oldtappan.net



227 Old Tappan Road
Old Tappan, NJ 07675
(201) 664-1849 ext. 10
(201) 664-3543 fax

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) | Biological Children of subject |
| Surviving spouse (Death) | Siblings |
| Current spouse | Legal Guardian |
| Subject's parents | Legal Representative |
| Biological Grandchild of subject | 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.

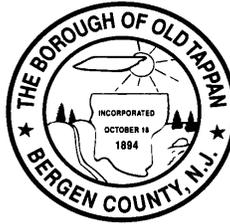
Submit your request to:

Borough of Old Tappan
227 Old Tappan Road
Old Tappan, NJ 07675
Attn: Vital Statistics Dept.

Sincerely,

Lori Langone

Lori Langone, CMR
Registrar of Vital Statistics



APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

Name of Applicant			Relationship to person on record (Proof is required)	Reasons for Request: <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> School / Sports <input type="checkbox"/> Veterans' Benefits <input type="checkbox"/> Social Security Card <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Other SS Benefits <input type="checkbox"/> Medicare (Medicare) <input type="checkbox"/> Welfare <input type="checkbox"/> Other _____
Current Mailing Address (Must Match address on ID)				
City	State	Zip Code	Daytime Telephone Number	
Applicant's Signature			Date of Application	

<input type="checkbox"/> BIRTH	Full Name of Child at Time of Birth		No. Requested Copies
	Place of Birth (City, Town)	County	Exact Date of Birth
	Child's Mother's Full Maiden Name		Child's Father's Name (if on record)
	If the Child's Name was Changed, Indicate New Name and How it was Changed:		
<input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> DOMESTIC PARTNERSHIP	Name of Husband / Partner		No. Requested Copies
	Maiden Name of Wife / Partner		Exact Date of Event
	Place of Event (City, Town)		County
<input type="checkbox"/> DEATH	Name of Deceased	Social Security Number	No. Requested Copies
	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 Applic. 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