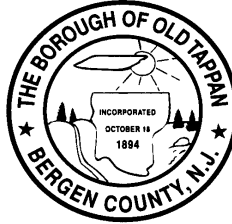


Anna Haverilla, CMR
Borough Registrar



227 Old Tappan Road
Old Tappan, NJ 07675
(201) 664-1849 ext. 12
Fax (201) 664-3543

REQUIREMENTS TO OBTAIN CERTIFIED COPY OF A VITAL RECORD

COMPLETE ALL ITEMS ON APPLICATION

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. NO MATCH - NO CERTIFIED COPY. If you require a Spanish version of the application, please contact our office. To receive a Certified Copy via US Postal Service, a self-addressed stamped envelope must be provided.

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 ID

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 utility bills that indicate your current 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--

Check list:

- completed App.** **Payment** **Valid ID** **Proof of Relationship**
 Mailing Address matches ID **Self-addressed stamped envelope**

All requests will be expedited as long as all of the above requirements are met.

Submit your request to:

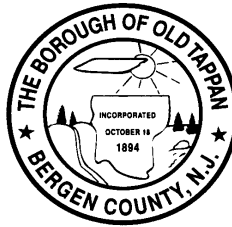
Borough of Old Tappan
227 Old Tappan Road
Old Tappan, NJ 07675
Attn: Vital Statistics Dept.

Sincerely,

Anna Haverilla

Anna Haverilla
Borough Registrar

Borough of Old Tappan
 227 Old Tappan Road
 Old Tappan, NJ 07675
 201-664-1849
 oldtappan@oldtappan.net



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 App. Payment Valid ID Proof of Relationship Mailing Add matches ID Self-addressed stamped env.
TO RECEIVE A CERTIFIED COPY VIA US POSTAL SERVICE, YOU MUST PROVIDE A SELF-ADDRESSED STAMPED ENVELOPE