

SOUTH HACKENSACK DEPARTMENT OF HEALTH

227 PHILLIPS AVE. SOUTH. HACKENSACK, NJ 07606

Phone: (201) 440-1815 Fax: (201) 440-0719

APPLICATION FOR A CERTIFICATION OR A CERTIFIED COPY OF A VITAL RECORD

A Certification of a vital record event is issued to those individuals with a distant or no relationship to the individual(s) listed on the vital record. It is issued for informational purposes only and cannot be used for legal or identification purposes.

A Certified Copy of a vital record is issued to those individuals who have a direct link to the individual(s) named on the vital record event, provided that the requestor is able to identify the vital record. A Certified Copy will contain the raised great seal of the City of Hackensack and can be used for legal or identification purposes.

PLEASE PRINT OR TYPE. ALL ITEMS ARE REQUIRED UNLESS NOTED OTHERWISE. * PROOF OF IDENTITY IS REQUIRED. MAKE MONEY ORDER PAYABLE TO "CITY OF HACKENSACK." DO NOT MAIL CASH.

Name of Applicant			Relationship to Person Named On Requested Record)		Why is record being requested? <input type="checkbox"/> Street Address <input type="checkbox"/> Passport <input type="checkbox"/> Driver License <input type="checkbox"/> School/Sports <input type="checkbox"/> Social Security Card <input type="checkbox"/> Soc. Sec. Disability <input type="checkbox"/> Other Soc. Sec. Benefits <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Genealogy <input type="checkbox"/> Other (Specify):
Street Address			Telephone Number () -		
City	State	Zip Code			
Signature of Applicant			Date of Application <i>m/d/yy</i>		
B I R T H	Full Name of Child at Time of Birth				No. of Copies Requested
	Place of Birth (City, Town or Township) SOUTH HACKENSACK			County BERGEN	
	Exact Date of Birth <i>m/d/yy</i>		Name of Hospital (Optional)		
	Mothers 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 <i>m/d/yy</i>	
	Place of Marriage (City, Town or Township) SOUTH HACKENSACK			County BERGEN	
D E A T H	Name of Deceased				
	Exact Date of Death <i>m/d/yy</i>			No. of Copies Requested	
	Place of Marriage (City, Town or Township) SOUTH HACKENSACK			County BERGEN	
	Mothers Full Maiden Name		Father's Name (if recorded on the record)		

* Births occurring over 80 years ago, marriages occurring over 50 years ago and deaths occurring over 40 years ago are considered genealogical and therefore you need only provide the name of the individual recorded on the vital record, the municipality where the event occurred and the year the event occurred.

FOR Municipal USE ONLY			
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Payment Amount:	ID Viewed:	Processed By:

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Fees: \$10.00 for first copy, \$5.00 for each additional copy.