

**GARFIELD HEALTH DEPARTMENT**

**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(s) named on the vital record event, as identified in Governor McGreevy's Executive Order 18, and provided that the requestor is able to identify the vital record and can provide proof of his identity and relationship. A Certified Copy will contain the raised Great Seal of the Garfield Health Department and can be used for legal or identification purposes.

PLEASE TYPE OR PRINT CLEARLY! ALL ITEMS ARE REQUIRED. PROOF OF IDENTITY IS REQUIRED. MAKE CHECK OR MONEY ORDER PAYABLE TO "CITY OF GARFIELD."

Fee is \$10.00 per Certified Copy. Please include self addressed stamped envelope.

Name of Applicant <i>(Nombre de Apicante)</i>			Relationship to person on record (Proof is required if certified copy requested.) <i>(Relación al individuo (Prueba es requerida para copia certificada.))</i>		Reasons for Request: <i>(Motivo de solicitud)</i> <input type="checkbox"/> Passport <i>(Pasaporte)</i> <input type="checkbox"/> Driver's License <i>(Licencia de Conducir)</i> <input type="checkbox"/> School/Sports <i>(Escuela/Deportes)</i> <input type="checkbox"/> Veterans' Benefits <i>(Beneficios veteranos)</i> <input type="checkbox"/> Social Security Card <i>(Tarjeta Seguro Social)</i> <input type="checkbox"/> Social Security Disability <i>(SSI / Incapacidad)</i> <input type="checkbox"/> Other SS Benefits <i>(Otros beneficios de seguro social)</i> <input type="checkbox"/> Medicare <i>(Medicare)</i> <input type="checkbox"/> Welfare <i>(Asistencia Pública)</i> <input type="checkbox"/> Other <i>(Otro)</i>
Current Mailing Address <b>(Must Match address on ID)</b> <i>(Dirección Postal (Debe coincidir con identificación))</i>					
City <i>(Ciudad)</i>	State <i>(Estado)</i>	Zip Code <i>(Codigo Postal)</i>	Daytime Telephone Number <i>(Número Telefónico)</i>		
Applicant's Signature <i>(Firma del Apicante)</i>			Date of Application <i>(Fecha)</i>		

<input type="checkbox"/> <b>BIRTH</b> <i>(NACIMIENTO)</i>	Full Name of Child at Time of Birth <i>(Nombre Completo al Nacer)</i>		No. Requested Copies <i>(No. de Copias)</i>	
	Place of Birth (City, Town) <i>[Lugar de Nacimiento (Ciudad, Pueblo)]</i> Garfield		County <i>(Condado)</i> Bergen	
	Child's Mother's Full Maiden Name <i>(Nombre completo de soltera de la Madre)</i>		Child's Father's Name (if on record) <i>[Nombre del Padre (si esta registrado)]</i>	
	If the Child's Name was Changed, Indicate New Name and How it was Changed: <i>(Si el nombre del niño fue cambiado, indique el nuevo nombre y como fue cambiado):</i>			
<input type="checkbox"/> <b>MARRIAGE</b> <i>(MATRIMONIO)</i>	Name of Husband/ Partner <i>(Nombre de Esposo/Pareja)</i>		No. Requested Copies <i>(No. de Copias)</i>	
	<input type="checkbox"/> <b>CIVIL UNION</b> <i>(UNIÓN CIVIL)</i>		Exact Date of Event <i>(Fecha Exacta del Evento)</i>	
	<input type="checkbox"/> <b>DOMESTIC PARTNERSHIP</b> <i>(SOCIEDAD DOMÉSTICA)</i>		County <i>(Condado)</i> Bergen	
Place of Event (City, Town) <i>[Lugar del Evento (Ciudad, Pueblo)]</i> Garfield				
<input type="checkbox"/> <b>DEATH</b> <i>(DEFUNCIÓN)</i>	Name of Deceased <i>(Nombre del Fallecido)</i>		Social Security Number <i>(See Note)</i> <i>[Numero de Seguro Social (Ver indice)]</i>	
	Exact Date of Death <i>(Fecha Exacta del Evento)</i>		Place of Event (City/Town) <i>[Lugar del Evento (Ciudad, pueblo)]</i> Garfield	
	Maiden Name of Deceased Individual's Mother <i>(Nombre Soltera de la Madre)</i>		Name of Deceased Individual's Father <i>(Nombre del Padre)</i>	

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FEB 07

FOR LOCAL 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: