

Township of Parsippany-Troy Hills, Registrar of Vital Statistics, 1001 Parsippany Blvd, Parsippany, NJ 07054

➤To obtain a raised seal certified copy of a vital record you must be the subject of the vital record, the subject's parent(s), legal guardian or legal representative, spouse/civil union partner, child, grandchild or sibling of legal age. In connection with a death record, to obtain the cause of death, you must be the surviving spouse/civil union partner of the subject and submit an "Authorization for Release of Cause of Death Information" Form with this application. If there is no surviving spouse/civil union partner, another authorized member of the immediate family may obtain a certified copy of a death record with the cause of death.

➤If the record is requested in person, you must present a current, valid photo driver's license or photo non-driver's license with current address or a current, valid non-photo driver's license with current address and one (1) alternate form of ID with current address or two (2) alternate forms of ID, one of which shows current address.

➤If record is requested by mail, you must submit copies of the above listed ID with this application. The certified copy requested will be forwarded to the address indicated on the ID.

Make check or money order payable to the Township of Parsippany in the amount of \$10.00 per copy.

If the information requested is not provided or if the information provided does not match the information on the vital record, a certified copy will not be issued and the application and fee will be returned to you. **PLEASE TYPE OR PRINT CLEARLY.**

If you have any questions regarding the issuance of a certified copy of a vital record, please contact the Registrar at 973-263-4355.

Name of Applicant		Signature of Applicant		Date of Application	
Street Address			Relationship to Person Named in Requested Record		
City	State	Zip Code	Telephone Number		
Why is copy being requested? <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Passport <input type="checkbox"/> Social Security Card <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Drivers License <input type="checkbox"/> Genealogy <input type="checkbox"/> Other (Specify) _____					
<input type="checkbox"/> BIRTH	Full Name of Child at Time of Birth			No. of Copies Requested _____	
	Place of Birth (City, Town or Township)			County	
	Exact Date of Birth (Month/Day/Year)		Name of Hospital, If Any		
	Mother's Full Maiden Name		Father's Full Name (if recorded on the record)		
	If Child's Name was Changed, Indicate New Name and How it was Changed				
<input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION	Full Name of Husband/Civil Union Partner			No. of Copies Requested _____	
	Full Maiden Name of Wife/Civil Union Partner			Exact Date of Ceremony	
	Place of Marriage/Civil Union (City, Town, or Township)			County	
<input type="checkbox"/> DOMESTIC PARTNER-SHIP	Name of Partner			No. of Copies Requested _____	
	Name of Partner			Exact Date Registered	
	Place Where Domestic Partnership Registered (City, Town or Township)			County	
<input type="checkbox"/> DEATH	Name of Deceased			No. of Copies Requested _____	
	Is there a surviving spouse or caretaking partner? YES _____ NO _____				
	Place of Death (City, Town, or Township)		County	Exact Date of Death (Month/Day/Year)	
	Mother's Full Maiden Name		Father's Name (if recorded on the record)		
FOR MUNICIPAL USE ONLY: Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO Payment Amount: \$ _____ ID Viewed: _____ Processed By: _____ Date Processed: _____ Certified Copies Nos. _____ through _____ Voided _____					