

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. In certain instances, a birth certificate may also be required.

➤ 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 \$15.00 per certified 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: ___ Cash ___ Check ___ MO Payment Amount: \$ _____	
ID Viewed: _____	Processed By: _____ Date Processed: _____
Certified Copies Nos. _____ through _____	Voided _____

ACCEPTABLE IDENTIFICATION FOR COPIES OF VITAL RECORDS

Acceptable Identification: You must provide acceptable ID in order to get a copy of any vital record. The following are acceptable forms of ID:

- A current, valid photo driver's license or photo non-driver's license with current address
OR
- A current, valid driver's license without photo and one alternate form of ID with current address
OR
- Two alternate forms of ID, one of which must have current address.

Alternate forms of ID are:

- Vehicle registration
- Vehicle insurance card
- Voter registration
- US/ Foreign Passport
- Immigrant visa
- Permanent Residence Card (Green Card)
- Federal/State ID
- School ID
- Utility/bank statement from within the last 90 days
- W-2 for current/previous tax year

***Questions regarding other forms of identification should be directed to the State Registrar's Office 609-292-4087**

Notes:

- Identification presented must be valid and unexpired.
- Documentary proof of relationship to the individual listed on the vital record must be submitted if last name differs, such as a married sister requesting the record of her sibling.