APPLICATION FOR A <u>NON-GENEALOGICAL</u> CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD

Borough of Califon PO Box 368 – Califon, NJ 07830 908-832-7850

Click here to complete an application online, or visit: http://www.nj.gov/hea It h/vita I/

☐ Certified Copy		Requestor's Relationship to Person on Record	Requestor's Signature	
☐ Certified Copy for an Apostille Seal		(proof is required for certified copy)		
☐ Certification			Date (of request)	/ /
Name of Requestor			Reasons for Reque	est
First Last	Middle			
Laot			☐ Driver's License	
• Passport				
Current Mailing Address (must match address on ID)			□ Social Security Card / Benefits	
Street			☐ Medicare	
City State Zip Code		☐ Welfare / Disability		
Email Address Daytime Phone Number		Daytime Phone Number	☐ Other:	
@		. I i -		
□ BIRTH			1	
□ BIRTH				
Child's Name at Birth	First Middle		Last	
No. Requested Copies	Place of Birth		County	Date of Birth
	City	State		1 /
Name of Child's Parents	(name given at birth or on b	oirth certificate/ Maiden Name)	•	·
Parent A First		Middle	Last	
Parent B First	ent B First Middle		Last	
If Child's name was cha	inged:			
New Name		Describe Change:		
□ MARRIAGE	I 🗆	CIVIL		DOMESTIC
No. Requested Copies	Place of Event	0	County	Date of Event
Name of Spouses (name	City	State		/ /
	giveri at birtii or on birtii certi		Last	
-	First Middle			
Spouse B First		Middle	Last	
• DEATH				
Name of Decedent	First Middle		Last	
No. Requested Copies	Place of Death		County	Date of Death
	City	State		/ 1
Name of Decedent's Pa	rents (name given at birth o	or on birth certificate/Maiden Name)	1	
Parent A First	Middle		Last	
Parent B First		Middle	Last	
Have you enclosed and	completed all	O Completed Application	O Proof of Dal	ationshin
Have you enclosed and or	completed all	O Completed Application	O Proof of Rela	·
lave you enclosed and or equired information?	completed all	O Completed Application O Payment	O Acceptable I	·