

William Budesheim
Mayor



Carol J. Talerico, R.M.C./C.P.M.
Registered Municipal Clerk/
Certified Public Manager

BOROUGH OF RIVERDALE
MORRIS COUNTY, NEW JERSEY
Incorporated In 1923

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

PLEASE PRINT, PROOF OF IDENTITY IS REQUIRED.

Name of Applicant		Relationship to Person Named on Requested Record (Proof may be required.)		Why is record being requested? <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:
Street Address		Telephone Number		
City	State	Zip Code	Date of Application	
Signature of Applicant				
<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	Name of Hospital (Optional)		
	Mother's 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			

DO NOT use this form to request a Certified Copy of a Certificate of Birth Resulting in Stillbirth. Use form REG-68 which is available on the Department's website at: www.state.nj.us/health/vital/vital.shtml. Follow the instructions carefully.

<input type="checkbox"/> MARRIAGE	Name of Husband/Civil Union Partner		No of Copies Requested
	Maiden Name of Wife/Civil Union Partner		Exact Date of Ceremony
<input type="checkbox"/> CIVIL UNION	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
	Exact Date of Death	Place of Death (City Town or Township)	County
	Mother's Full Maiden Name		Father's Name (if recorded on the record)

BOX 6, RIVERDALE, NEW JERSEY 07457
TEL: (973) 835-4060 FAX: (973) 835-0783