BOROUGH OF ROSELLE
Vital Statistics and Registry
210 CHESTNUT STREET
ROSELLE, NJ 07203
(908) 634-4550

New Jersey Department of Health
Vital Statistics and Registry
$20.00 per Copy

☐ *Certified Copy*	**Requestor's Relationship to Person on Record** *(proof is required for certified copy)*	**Requestor's Signature**
		Date *(of request)* / /

Name of Requestor

First *Middle*

Last

Current Mailing Address *(must match address on ID)*

Street

City *State* *Zip Code*

Email Address @ .

Daytime Phone Number ( ) -

Reasons for Request

- ☐ Passport
- ☐ Driver's License
- ☐ School / Sports
- ☐ Veterans' Benefits
- ☐ Social Security Card / Benefits
- ☐ Medicare
- ☐ Welfare / Disability
- ☐ Other: _____

☐ BIRTH

Child's Name at Birth *First* *Middle* *Last*

No. Requested Copies

Place of Birth *City* *State*

County

Date of Birth / /

Name of Child's Parents *(name given at birth or on birth certificate / Maiden Name)*

Parent A *First* *Middle* *Last*

Parent B *First* *Middle* *Last*

If Child's name was changed:

New Name *Describe Change:*

☐ MARRIAGE ☐ CIVIL UNION ☐ DOMESTIC PARTNERSHIP

No. Requested Copies

Place of Event *City* *State*

County

Date of Event / /

Name of Spouses *(name given at birth or on birth certificate / Maiden Name)*

Spouse A *First* *Middle* *Last*

Spouse B *First* *Middle* *Last*

☐ DEATH

Name of Decedent *First* *Middle* *Last*

No. Requested Copies

Place of Death *City* *State*

County

Date of Death / /

Name of Decedent's Parents *(name given at birth or on birth certificate / Maiden Name)*

Parent A *First* *Middle* *Last*

Parent B *First* *Middle* *Last*

Safety Paper #

- ☐ Completed Application
- ☐ Payment
- ☐ Proof of Relationship
- ☐ Acceptable Forms of ID
- ☐ Mailing Address Matches ID

Do not send original documents. Copies only

REG-27a
APR 19
J1023

FOR STATE USE ONLY

Payment Type: ☐ Cash ☐ M/O ☐ Waived **Amount:** $ ☐ **ID Viewed** **Processed By:**