KEARNY DEPARTMENT of PUBLIC HEALTH
OFFICE OF VITAL STATISTICS – 645 KEARNY AVENUE, KEARNY NJ 07032
WILLIAM J. PETTIGREW – REGISTRAR
(201) 997-0600 Ext. 3503

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

A Certified Copy of a vital record is issued to those individuals who have a direct link to the individual(s) named on the vital record event, as identified in Governor McGreevey's Executor Order # 18, and provided that the requestor is able to identify the vital record. A Certified Copy will contain the raised Seal of the Town of Kearny – Board of Health and can be used for legal or identification purposes.

PLEASE PRINT OR TYPE. ALL ITEMS ARE REQUIRED UNLESS NOTED OTHERWISE. **PROOF OF IDENTITY IS REQUIRED.** MAKE CHECK OR MONEY ORDER PAYABLE TO**: KEARNY HEALTH DEPARTMENT.**

******FEE: $ 10.00 PER CERTIFIED COPY******

Name of Applicant Street Address City State Zip Code Signature of Applicant	YOUR relationship to the Person named on requested Record : ☐ Self ☐ Sibling ☐ Child. ☐ Father ☐ Fun. Dir. ☐ Mother ☐ Legal Guardian/Rep. ☐ Spouse ☐ Other _____ Telephone Number Date of Application	Why is record being requested? ☐ Passport ☐ Driver License ☐ School/Sports ☐ Social Security Card ☐ Soc. Sec. Disability ☐ Other Soc. Sec. Benefits ☐ Veterans Benefits ☐ Medicare ☐ Welfare ☐ Genealogy ☐ Other (Specify):

BIRTH	**Full Name of Child at Time of Birth**		No. of Copies Requested
	Place of Birth (City, Town or Township) and County ***KEARNY*** ***HUDSON***		Type of Form Requested (Please Specify): Short: _____ Long (with parents names) _____
	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 , How it was Changed, & Provide Marriage Certificate linking name on Record.		
MARRIAGE CIVIL UNION	Name of **Husband / Partner**		No. of copies Requested
	Name of **Full Maiden Name of Wife / Partner**		Exact Date of Ceremony
	Place of Marriage/Civil Union (City, Town or Township) County ***KEARNY*** ***HUDSON***	Please indicate by check mark for Marriage or Civil Union Marriage _____ Civil Union _____	
DEATH	**Name of Deceased**		Cause of Death requested: Yes _____ No _____
	Exact Date of Death:		No. of Copies Requested:
	Place of Death (City, Town or Township) and County ***KEARNY*** ***HUDSON***		
	Mother's Full Maiden Name	Father's Name (if recorded on the record)	

*****Births occurring over 80 years ago, marriages occurring over 50 years ago and deaths occurring over 40 years ago are considered genealogical and therefore you need only provide the name of the individual recorded on the vital record, the Town where the event occurred and the year the event occurred.

FOR OFFICE USE ONLY			
Payment Type: ☐ Cash ☐ M/O ☐ Check ☐ Waiver # _____	Payment Amount: **$**	ID Viewed:	Processed By:

Cert. Safety Paper No.: