



**Bridgewater Township Health Department**  
**100 Commons Way**  
**Bridgewater, NJ 08807**  
**(908) 725-5750**

## APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

Name of Applicant		Number of Copies Requested	Date
Address		Relationship to person on record	
Telephone Number		Signature	
<b>MARRIAGE/ CIVIL UNION</b>	Exact Date of Marriage/ Civil Union		Place of Marriage/ Civil Union (city/ town)
	Name of Husband/ Partner		
	Full Maiden Name of Bride/ Partner		
<b>BIRTH</b>	Full Name		
	Exact Date of Birth		Place of Birth (city/ town)
	Father's Name		
	Mother's Full Maiden Name		
<b>DEATH</b>	Full Name of Deceased		Social Security Number
	Exact Date of Death		Place of Death (city/ town)
	Father's Name		
	Mother's Full Maiden Name		

### PRICING:

- \$25 for one certified copy; and
- \$2 for each additional copy of the same record ordered at the same time

**YOU MUST PHOTOCOPY YOUR IDENTIFICATION ALONG WITH YOUR REQUEST**

PLEASE CIRCLE THE NUMBER OF COPIES AND AMOUNT REQUESTED

<b>1 COPY</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>\$25</b>	<b>\$27</b>	<b>\$29</b>	<b>\$31</b>	<b>\$33</b>	<b>\$35</b>	<b>\$37</b>	<b>\$39</b>	<b>\$41</b>	<b>\$43</b>

FOR OFFICIAL USE ONLY

Payment Type:	Payment Amount:	ID Viewed:	Processed By:    Date:
CASH    CHECK			