

ID Number

**City of Orange Township
Community Services
Vital Statistics Division**

Application for a certified copy of a birth record

A Certified Copy of a vital recorded event is issued to those individuals who have a direct link to the individual(s) named on the vital record event, as identified in Executive Order 18, and provided that the requestor is able to identify the vital record and can provide proof of this identity and relationship. A Certified Copy will contain the raised seal and can be used for legal or identification purposes.

PLEASE TYPE OR PRINT CLEARLY! ALL ITEMS ARE REQUIRED UNLESS NOTED OTHERWISE.* PROOF OF IDENTITY IS REQUIRED. MAKE CHECK OR MONEY ORDER PAYABLE TO "CITY OF ORANGE".

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's License <input type="checkbox"/> School/Sports <input type="checkbox"/> Social Security Card <input type="checkbox"/> Welfare <input type="checkbox"/> Genealogy <input type="checkbox"/> Other	
Street Address			
City State Zip Code			
<i>Signature of Applicant</i>			
Telephone Number	Date of Application		
Full Name of Child at Time of Birth		No. of Copies	
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 Child's Name was changed, indicate new name and how it was changed			
For Local Official Use Only			
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Payment Amount:	ID Viewed	Processed By:
Driver's License Number	Passport /Country/Number		

