



REQUEST FOR CERTIFIED COPY OF **BIRTH CERTIFICATE**

CITY OF ORANGE TOWNSHIP 29 North Day Street, Orange, NJ 07050 Office of Vital Statistics

Number of copies_____ at \$10.00 per copy Total \$_____ Cash_____ Check#_____

Date of Birth (full date required)_____

Name at Birth_____

Place of Birth (hospital or town)_____

Mother's Maiden Name_____ Father's Name_____

Reason for obtaining Certificate_____

Person requesting copy:

Name_____

Address_____

City_____ State_____ Zip_____

Telephone Number_____

Relationship to person on Certificate_____

Must have same name or show proof of relationship, i.e. if married, enclose copy of marriage license.

Please enclose the following with your request:

- Copy of photo driver's license with current address OR
- Two (2) other forms of ID such as
- Utility bill, lease, deed, tax return, telephone bill, bank statement
- Fee cash, money order or check

Please Note: Only IMMEDIATE relative may obtain certified copy. Relative must have proof of relationship and ID.

Mail to: City of Orange Township
Vital Statistics
29 North Day Street
Orange, New Jersey 07050

For Further Questions, please call the Office of Vital Statistics: (973)266-4068

Driver's Lic. # _____ Passport # _____

