



## REQUEST FOR CERTIFIED COPY OF **DEATH 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 death (full date required)\_\_\_\_\_

Name at time of death\_\_\_\_\_

Place of death (hospital or town)\_\_\_\_\_

Mother's 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 # \_\_\_\_\_