



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 \$15.00 per copy Total \$ _____ Cash _____ Check# _____

Date: _____ Certificate Number: _____

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 # _____

