

Town of Hackettstown
Vital Statistics and Registry
215 Stiger Street, Hackettstown, NJ 07840

\$15.00 per certified copy
money order or cash only

<input type="checkbox"/> Certified Copy	Requestor's Relationship to Person on Record (proof is required for certified copy)	Requestor's Signature
		Date (of request) / /
Name of Requestor First Middle Last Last		Reasons for Request <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> School / Sports <input type="checkbox"/> Veterans' Benefits <input type="checkbox"/> Social Security Card / Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare / Disability <input type="checkbox"/> Other:
Current Mailing Address (must match address on ID) Street City State Zip Code		
Email Address @	Daytime Phone Number () - - - -	

<input type="checkbox"/> BIRTH			
Child's Name at Birth	First Middle Last		
No. Requested Copies	Place of Birth City Hackettstown State NJ	County Warren	Date of Birth / /
Name of Child's Parents (name given at birth or on birth certificate / Maiden Name)			
Parent A	First Middle Last		
Parent B	First Middle Last		
If Child's name was changed: New Name Describe Change			

<input type="checkbox"/> MARRIAGE	<input type="checkbox"/> CIVIL UNION	<input type="checkbox"/> DOMESTIC PARTNERSHIP	
No. Requested Copies	Place of Event City Hackettstown State NJ	County Warren	Date of Event / /
Name of Spouses (name given at birth or on birth certificate / Maiden Name)			
Spouse A	First Middle Last		
Spouse B	First Middle Last		

<input type="checkbox"/> DEATH			
Name of Decedent	First Middle Last		
No. Requested Copies	Place of Death City Hackettstown State NJ	County Warren	Date of Death / /
Name of Decedent's Parents (name given at birth or on birth certificate / Maiden Name)			
Parent A	First Middle Last		
Parent B	First Middle Last		

Have you enclosed and completed all required information?

☐ Completed Application
☐ Payment

☐ Proof of Relationship
☐ Acceptable Forms of ID
☐ Mailing Address Matches ID

REG-37a
SEP 17

FOR STATE USE ONLY			
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Amount: \$	<input type="checkbox"/> ID Viewed	Processed By: