

**BOROUGH OF PARAMUS – BOARD OF HEALTH  
APPLICATION FOR CERTIFIED COPY OF VITAL RECORD**

Make check payable to “Paramus Board of Health”  
Do Not Mail Cash or Stamps. Please Print or Type.

Name of Applicant			Date of Application		THIS COLUMN FOR BOROUGH USE ONLY	
Street Address			Relationship to Person Named in requested record (required)		Cash	Check
City	State	Zip Code	Telephone No.			
Why is a Certified Copy Being Requested?					Mo.	Initials _____ Date _____
<input type="checkbox"/> School/Sports <input type="checkbox"/> Genealogy <input type="checkbox"/> Medicare <input type="checkbox"/> Social Security ID Card <input type="checkbox"/> Welfare <input type="checkbox"/> Veteran Benefits <input type="checkbox"/> Passport <input type="checkbox"/> Soc. Sec. Disability <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Driver License <input type="checkbox"/> Other Soc. Sec. Benefits _____						

**BIRTH**

Full Name of Child at Time of Birth	No. of copies:
Place of Birth (City, Town or Township)	County:
Date of Birth:	Name of Hospital, if any:
Father’s Name:	Mother’s Maiden Name:
If child’s name was changed, indicate new name and how it was changed:	

**MARRIAGE**

Name at birth/ Spouse A:	No. of copies:
Name at birth/ Spouse B:	
Place of Marriage (City, Township..):	County:
Date of Marriage:	

**CIVIL UNION / DOMESTIC PARTNERSHIP**

Name of Partner:	No. of copies:
Name of Partner:	Date of Civil Union/Domestic Partnership:
Place of Civil Union/Domestic Partnership (City, Town, or Township):	County:

**DEATH**

Name of Deceased:	No. of Copies:
Place of Death (City, Town..)	Date of Death:
Residence (if different from place of death)	
Age at Death:	
Deceased’s Father’s Name:	
Deceased’s Mother’s Maiden Name:	

**INSTRUCTIONS**

The fee for a certified copy of - a birth, marriage, civil union or d.p. record is \$15.00 for the first copy, \$5.00 for each additional copy.  
- checks or money orders made payable to : “Paramus Board of Health”  
- Enclose a stamped, self-addressed business sized envelope for the return of your record.

Mail to:

Attention: Registrar  
Paramus Board of Health  
Borough Hall  
Jockish Square  
Paramus, NJ 07652  
201-265-2100, Ext. 2300

Identification is required for the purchase of all vital records; a **birth certificate**, a government issued ID or two forms of non-picture ID. The ID must demonstrate the requestor’s relationship to the record being requested. The address(es) on the ID must be the same as the shipping address for mail requests.

Applicant Signature: \_\_\_\_\_