

TOWNSHIP OF BYRAM • 10 MANSFIELD DRIVE • STANHOPE, NJ 07874
PHONE (973) 347-2500 • FAX (973) 347-0502
APPLICATION FOR A CERTIFICATION OR A CERTIFIED COPY OF A VITAL RECORD

To obtain a certified copy of a vital record, identification is required in the form of a photo ID with address such as a driver's license with picture, or 2 other forms of identification such as a vehicle registration, birth certificate, passport, etc.

PLEASE PRINT OR TYPE. PROOF OF IDENTITY IS REQUIRED. ENCLOSE A STAMPED, SELF-ADDRESSED ENVELOPE WITH CHECK (INCLUDE PHONE NUMBER) OR MONEY ORDER PAYABLE TO "TOWN OF BYRAM."

WITH FEE: \$10.00 PER COPY. DO NOT MAIL CASH

Name of Applicant		No. Of Copies Requested		Why is record being requested: <input type="checkbox"/> Passport <input type="checkbox"/> Driver License <input type="checkbox"/> School/Sports <input type="checkbox"/> Social Security Card <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Other Soc. Sec. Benefits <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Genealogy <input type="checkbox"/> Other (Specify)
Street Address		Telephone Number		
City	State	Zip	Date of Application	
Signature of Applicant				
Relationship to Person Named On Requested Record				
B I R T H	Full Name of Child at Time of Birth		Place of Birth (City, Town or Township)	
	Mother's Full Maiden Name		County	
	Father's Name (If recorded on the record)		Exact Date of Birth	
	If Child's Name Was Changed, Indicate New Name and How It Was Changed		Name of Hospital (Optional)	
MARRIAGE CIVIL UNION	Name of Husband/Civil Union Partner			
	Maiden Name of Wife/Civil Union Partner			
	Exact Date of Ceremony	Place of Marriage/Civil Union (City, Town, or Township)	County	
DOMESTIC PARTNERSHIP	Name of Partner			
	Name of Partner		Exact Date Registered	
	Place Where Domestic Partnership Registered (City, Town, or Township)		County	
D E A T H	Name of Deceased			
	Exact Date of Death			
	Place of Death (City, Town, or Township)		County	
	Mother's Full Maiden Name		Father's Name (If Recorded on the Record)	
FOR OFFICIAL USE ONLY				
Payment Type <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived		Payment Amount	ID Viewed:	Processed By:

