

TOWNSHIP OF  LIVINGSTON

LOUIS E. ANELLO
DIRECTOR OF HEALTH

ROSE S. VIRGADAMO
REGISTRAR

Department of Health, Welfare and Human Services
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973-535-7961

Please complete the form below to receive a certified copy of a vital record. A DMV photo ID of yourself or two forms of ID with your name and current address are required. **The fees for birth certificates are \$25 per copy, marriage certificates are \$20 per copy, and death certificates are \$15 per copy. Payment in the form of cash, credit, or money order to be paid at time of request.**

If you choose to mail in your request, you must include a self-addressed, stamped return envelope. Copy of a DMV photo ID with current address on the front or two acceptable forms of ID with name and current address are required, **Payment in form of money order only**. Please make money order payable to "Township of Livingston".

Name of Applicant (person completing application) <i>(Nombre de Apicante)</i>			Relationship to person on record (proof may be required) <i>[Relación al individuo (Pueden ser necesarias pruebas)]</i>		
Current Mailing Address – Must match address on ID <i>(Dirección Postal – Debe coincidir con identificación)</i>			Daytime Telephone Number <i>(Número Telefónico)</i>		
City <i>(Ciudad)</i>	State <i>(Estado)</i>	Zip Code <i>(Codigo Postal)</i>			
Applicant's Signature <i>(Firma del Apicante)</i>			Date of Application <i>(Fecha)</i>		

<input type="checkbox"/> BIRTH \$25 per copy <i>(NACIMIENTO)</i>	Full Name of Child at Time of Birth <i>(Nombre Completo al Nacer)</i>		No. Requested Copies <i>(No. de Copias)</i>		
	Place of Birth (City / Town) <i>[Lugar de Nacimiento (Ciudad /Pueblo)]</i>	County <i>(Condado)</i> Essex		Exact Date of Birth <i>(Fecha de Nacimieniento)</i>	
	Parent Full Birth Name <i>(Padres nombre completo al nacer)</i>		Parent Full Birth Name <i>(Padres nombre complete al nacer)</i>		
	If the Record was Changed, Indicate how it was Changed: <i>(Si el registro fue modificado, indicar como se ha cambiado):</i>				
<input type="checkbox"/> MARRIAGE \$20 per copy <i>(MATRIMONIO)</i> <input type="checkbox"/> CIVIL UNION \$20 per copy <i>(UNIÓN CIVIL)</i> <input type="checkbox"/> DOMESTIC PARTNERSHIP \$20 per copy <i>(SOCIEDADA DOMESTICA)</i>	Full Name of Spouse A/Partner A (List name given at birth or on birth certificate) <i>[Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento)]</i>		No. Copies Requested <i>(No. de Copias)</i>		
	Full Name of Spouse B/Partner B (List name given at birth or on birth certificate) <i>[Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento)]</i>		Exact Date of Event <i>(Fecha Exacta del Evento)</i>		
	Place of Event (City / Town) <i>[Lugar del Evento (Ciudad /Pueblo)]</i>		County <i>(Condado)</i>		
<input type="checkbox"/> DEATH \$15 per copy <i>(DEFUNCIÓN)</i>	Name of Deceased <i>(Nombre del Fallecido)</i>		No. Requested Copies <i>(No. De Copias)</i>		
	Exact Date of Death <i>(Fecha Exacta de Evento)</i>	Place of Event (City / Town) <i>[Lugar del Evento (Ciudad / Pueblo)</i>		County <i>(Condado)</i>	

FOR TOWNSHIP USE ONLY

PAYMENT TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT <input type="checkbox"/> M/O	PAYMENT AMOUNT: \$	I.D. VIEWED:
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