



Department of Health, Welfare and Human Services  
 Rose S. Saponara, Registrar  
 204 Hillside Avenue, Livingston, NJ 07039  
 973-535-7961 | www.livingstonnj.org

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 are: Birth Certificates \$25 per copy; Marriage, Civil Union and Domestic Partnership Certificates \$25 per copy; Death Certificates \$15 per copy.\* Payment in the form of cash, check, 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 or check only. Please make money order/check payable to "Township of Livingston".

Name of Applicant (person completing application) <i>(Nombre de Apicante)</i>			Relationship to Person on Record <b>(proof may be required)</b> <i>[Relación al individuo (Pueden ser necesarias pruebas)]</i>	
Current Mailing Address – <b>Must match address on ID</b> <i>(Dirección Postal – Debe coincidir con identificación)</i>				
City <i>(Ciudad)</i>	State <i>(Estado)</i>	Zip Code <i>(Codigo Postal)</i>	Daytime Telephone Number <i>(Número Telefónico)</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 Nacimiento)</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 \$25 per copy <i>(MATRIMONIO)</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>	
	<input type="checkbox"/> CIVIL UNION \$25 per copy <i>(UNIÓN CIVIL)</i>		Exact Date of Event <i>(Fecha Exacta del Evento)</i>	
	<input type="checkbox"/> DOMESTIC PARTNERSHIP \$25 per copy <i>(SOCIEDADA DOMESTICA)</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 <input type="checkbox"/> CHECK	PAYMENT AMOUNT: \$	I.D. VIEWED:
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