



REQUEST FOR CERTIFIED COPY
OF DOMESTIC PARTNERSHIP CERTIFICATE

Number of copies _____ at **\$20.00 per copy** = Total

Date of Domestic Partnership Application (Full Date Required) _____

Partner #1 Name _____

Partner #2 Name _____

Town Where Application Took Place _____

Reason for obtaining Certificate : _____

Person requesting copy: Name: _____

Address _____

Tel # _____

Relationship to person on Certificate: _____

Please enclose the following with your request:-

- Copy of **photo driver's license** with current address –or
- 2 other forms of ID i.e.
- Utility Bill, Lease, Deed, Tax Return, Telephone Bill, Bank Statement.
- **Return envelope** with same address as on ID –
- **Fee** - money order or check (no cash) Payable to “Township of Montclair” (we can only return to address on ID).
- Only IMMEDIATE relatives may obtain certified copy
- **Name on ID must correspond with name on certificate.**

Mail to:- Township Of Montclair
Vital Statistics
205 Claremont Avenue
Montclair NJ 07042

(For rush delivery) – Use only
Post Office Overnight Express
with return envelope completed
NO OTHER CARRIER

Questions: Please call (973) 509 4973