



REQUEST FOR CERTIFIED COPY
OF DEATH CERTIFICATE

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

Date of Death (Full Date Required)

Name of Deceased

Where Death was Pronounced (*Hospital*)

Reason for obtaining Certificate :

Person requesting copy: Name: _____

Address _____

Tel # _____

Relationship to person on *Certificate*:

Must have same name or show proof of relationship

- Only **IMMEDIATE** relatives may obtain certified copy

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).
- **Name on ID must correspond with name on Certificate. Siblings and children of the deceased must show copy of their birth certificate showing deceased parent's name.**
- **Copy of Death certificate cannot be issued to ex-spouse**

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 Registrar of Vital Statistics – Arlene Karp (973) 509 4973