



REQUEST FOR CERTIFIED COPY OF **BIRTH CERTIFICATE**

Township of Montclair

205 Claremont Avenue, Montclair NJ 07042

Number of copies _____ at **\$20.00 per copy** (Check or Money Order) = Total \$ _____ Check # _____

Date of Birth (Full Date Required)

Name at Birth

Where Born (Name of Hospital)

Please note: Mountainside Hospital records are at Glen Ridge Health Dept NOT Montclair

Mother's Full Maiden Name

Father's Name

Reason for obtaining Certificate

Name of person requesting copy: _

Address _

Tel #

*** Relationship to person on Certificate:**

**** Must have same last name and show proof of relationship i.e. Birth certificate showing same parent's name (if you are a sibling) and if married enclose copy of marriage license***

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, Telephone Bill, (within past two months) Tax Return, Lease, Deed,
- **Return envelope** with same address as on ID – (we can only return to address on ID).
- Fee money order or check (no cash) Payable to **"TOWNSHIP OF MONTCLAIR"**
- Only IMMEDIATE relatives may obtain certified copy (i.e. Mother, Father, Sister, Brother, Husband/Wife) **siblings must include copy of YOUR birth certificate showing same parents name / husband or wife must provide marriage certificate as well as photo drivers license.**
- **Name on ID must correspond with name on Certificate; Copy of Marriage License if ID shows married name.**

**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**

For questions, please call Registrar of Vital Statistics: Arlene Karp (973) 509-4973