

**Denville Division of Health
1 Saint Mary's Place
Denville, NJ 07834
973-625-8300 EXT. 262**

Proc Initials: _____

Certificate #: _____

APPLICATION FOR A CERTIFIED COPY OF A DEATH RECORD

A **Certified Copy** of a vital record event is issued to those individuals who have a direct link to the individual(s) named on the vital record. **Identification Required.**

See Bottom of this form. SEND \$25.00 for the first copy and \$2.00 for each additional copy - MONEY ORDER ONLY, with a self stamped addressed return envelope.
A Certified Copy will contain a raised Seal and can be used for legal or identification purposes.

PLEASE TYPE OR PRINT CLEARLY! ALL ITEMS ARE REQUIRED UNLESS NOTED OTHERWISE.* PROOF OF IDENTITY IS REQUIRED. Send MONEY ORDER ONLY PAYABLE TO "Denville Division of Health." DO NOT MAIL CASH.

Person Requesting Document		Relationship to the Person Named on Record	Type of Identification Shown
Street Address			Photo Driver's License _____
City	State	Telephone Number	Non Photo Driver's License & alternate form of ID _____
Zip Code			Photo ID & alter form of ID with address _____
Signature of Applicant		Date of Application	2 alternate forms of ID _____
# of Copies			Other _____
Full Name of Deceased			
Exact Date of Death	Place of Death Denville	County Morris	
Decedent's Mother's Full Maiden Name		Decedent's Father's Full Name	
Decedent's Social Security #			

Acceptable Forms of Identification: Valid Photo Driver's License or Photo Non-Driver's License or Valid Driver's License without photo and alternate form of ID or 2 alternate forms of ID with current address. (See below) **Mail Requests send photocopy of ID only.**

Alternate Forms of ID: Non Photo Drivers License, Vehicle Registration, Insurance Card, Voter Registration, Passport, Green Card, County ID, School ID, Utility Bill, Bank Statement or Tax Return.

If current name is different from birth name, you must show proof of change.