



LOUIS E. ANELLO  
DIRECTOR OF HEALTH

LIVINGSTON  
NEW JERSEY

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REGISTRAR

Department of Health, Welfare and Human Services  
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973-535-7961

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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