Township of Teaneck

Congratulations on the birth of your baby!

The following is required in order to obtain a CERTIFIED COPY of your child's BIRTH CERTIFICATE:

- \$25,00 1st copy, \$5.00 additional copies -MONEY ORDER ONLY! (made payable to the Township of Teaneck)
- NO Personal checks, DEBIT or CREDIT CARDS
- Please enclose a self addressed stamped envelope
- Please complete this form and mail document to the address listed

Please mail this form to:

Township of Teaneck Registrar of Vital Statistics Municipal Building 818 Teaneck Road Teaneck, NJ 07666

ID Required: All documents MUST BE CURRENT

· Valid photo driver's license, with current address

Or Two of the following documents: (Mandatory Photo Required)

- State or Federal ID
- US/Foreign Passport, Immigrant Visa or Permanent Resident card (green card)
- Discharge Papers/Baby's Foot Print
- Utility Bill (within last 90 days)
- Bank Statement

New Jersey State Department of Health CERTIFICATE OF LIVE BIRTH									STATE	USE ONLY	
1. NAME OF CHILD (First)		(Middle)		(Last)							
2a. DATE OF BIRTH	25, HOUR	3. SEX	E OFEMALE	4a. PLURALITY	4b. IF NOT SINGLE BIRTH, THIS CHILD BORN: WIN OTHER Of OTHER						
5a. PLACE OF BIRTH 1 □ HOSPITAL 3 □ CLINIC/DOCTOR'S OFFICE 5 □ OTHER (specify): 2 □ FREESTANDING BIRTHING CENTER 4 □ RESIDENCE											
5b. NAME OF FACILITY						5c, City, TOWN, OR LOCATION OF BIRTH			5d. COUNTY OF BIRTH		
6a, MOTHER - Maiden Name					6b. DATE OF BIRTH 6c. BIRTHPLACE (State of Forei			of Foreign Countr	у)		
7a. RESIDENCE - State 7b. COUNTY			7c. CITY (7c. CITY OR TOWN		7d. STREET AN	T AND NUMBER			8. INSIDE CITY LIMITS	
9. MOTHER'S MAILIN	3 ADDRESS (I	f same as re	sidence, enter Zip	Code only)							
10a, FATHER - Name						10b. DATE OF BIRTH 10c. BIRT		THPLACE (State or Foreign Country)			
11a. NAME OF INFOR	MANT				_L				11b. RELATION	NSHIP TO CHILD	

Please Note: THESE FORMS SHOULD BE MAILED AT ONCE!

It takes about two (2) weeks from the date of birth before the hospital can file the certificate with our office.

Please provide your telephone number:

Registrar's Department phone number: 201-837-1600 ext. 1275

APPLICATION FOR A <u>NON-GENEALOGICAL</u> CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD

TEANECK REGISTRAR OF VITAL STATISTICS 818 TEANECK ROAD TEANECK NJ 07666

https://www.teanecknj.gov/vital-records or visit: http://www.nj.gov/health/vital

201-837-1600 EXT. 1275

			estor's Relationship to	Requestor's Signature						
Certified Copy			n on Record	Medicard, a diBurgar						
Certified Copy for an	Apostille Seal		is required for certified copy)							
Certification				Date (of request)	1 1					
Name of Requestor			- John Hart	Reasons for Request						
First Last	Middle	·····		Passport Driver's License School / Sports						
Current Mailing Address	S (must match address on ID)	Veterans' Benefits Social Security Card / Benefits								
Street				Medicare						
City State			Zip Code	Welfare / Disability						
Email Address			Daytime Phone Number	Other:						
	@ .		() -							
BIRTH		Paris de								
Child's Name at Birth	First		Middle	Last						
No. Requested Copies	Place of Birth			County Date of Birth						
	City TEANECK		State NJ	BERGEN	/ /					
Name of Child's Parents	6 (name given at birth or on bi	rth certif	icate / Maiden Name)							
Parent A First				Last						
Parent B First	arent B First			Last						
If Child's name was cha	nged:		A STATE OF THE STA							
New Name										
Have you enclosed an all required informati *Do not send original Copies only*	on?		☐ Completed Application ☐ Proof of Relationship ☐ Acceptable Forms of ID ☐ Mailing Address Matches I							
REG-27a			FOR OFFICE USE ONLY							
J1023 Payment Type	: □ Cash □ M/O □ Waived		Amount: \$	☐ ID Viewed Process	sed By:					