



BOROUGH OF MOUNTAIN LAKES

LISTED IN NATIONAL AND STATE REGISTERS OF HISTORIC PLACES

Cara Fox
Borough Clerk/ Registrar
clerk@mtnlakes.org

400 Boulevard
Mountain Lakes, NJ 07046
P -973-334-3131 ext. 2006

To obtain a certified copy of your marriage, death or birth certificate, please fill out the attached form and mail it to 400 Boulevard Mountain Lakes, NJ 07046 along with a photocopy of your current valid driver's license and a check payable to the "Borough of Mountain Lakes" for however many certified copies you wish to obtain. We charge \$15.00 per copy. The certified copies will be mailed to you.

**APPLICATION FOR A NON-GENEALOGICAL CERTIFICATION
OR CERTIFIED COPY OF A VITAL RECORD**

Borough of Mountain Lakes
400 Boulevard
Mountain Lakes, NJ 07046

<input type="checkbox"/> Certified Copy <input type="checkbox"/> Certified Copy for an Apostille Seal <input type="checkbox"/> Certification		Requestor's Relationship to Person on Record <i>(proof is required for certified copy)</i>	Requestor's Signature Date (of request) / /
Name of Requestor First Middle Last		Reasons for Request <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> School / Sports <input type="checkbox"/> Veterans' Benefits <input type="checkbox"/> Social Security Card / Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare / Disability <input type="checkbox"/> Other:	
Current Mailing Address <i>(must match address on ID)</i> Street City State Zip Code			
Email Address @ .	Daytime Phone Number () -		

<input type="checkbox"/> BIRTH			
Child's Name at Birth First Middle Last			
No. Requested Copies	Place of Birth City State	County	Date of Birth / /
Name of Child's Parents <i>(name given at birth or on birth certificate / Maiden Name)</i> Parent A First Middle Last Parent B First Middle Last			
If Child's name was changed: New Name Describe Change:			

<input type="checkbox"/> MARRIAGE	<input type="checkbox"/> CIVIL UNION	<input type="checkbox"/> DOMESTIC PARTNERSHIP	
No. Requested Copies	Place of Event City State	County	Date of Event / /
Name of Spouses <i>(name given at birth or on birth certificate / Maiden Name)</i> Spouse A First Middle Last Spouse B First Middle Last			

<input type="checkbox"/> DEATH			
Name of Decedent First Middle Last			
No. Requested Copies	Place of Death City State	County	Date of Death / /
Name of Decedent's Parents <i>(name given at birth or on birth certificate / Maiden Name)</i> Parent A First Middle Last Parent B First Middle Last			

Have you enclosed and completed all required information?

Do not send original documents. Copies only

- Completed Application
- Payment
- Proof of Relationship
- Acceptable Forms of ID
- Mailing Address Matches ID

REG-27a
APR 19
J1023

FOR STATE USE ONLY			
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Amount: \$	<input type="checkbox"/> ID Viewed	Processed By: