



BOROUGH OF MOUNTAIN LAKES

LISTED IN NATIONAL AND STATE REGISTERS OF HISTORIC PLACES

Cara Fox
Deputy Borough Clerk
clerk@mtnlakes.org

400 Boulevard
Mountain Lakes, NJ 07046
P -973-334-3131 ext. 2006
F -973-402-5595

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 (must match address on ID) 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 (name given at birth or on birth certificate / Maiden Name) 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 (name given at birth or on birth certificate / Maiden Name) 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 (name given at birth or on birth certificate / Maiden Name) 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: _____