

Request for Certified Marriage, Death, or Birth Certificates

Marriage:

Full Name of Groom: _____

Full Maiden name of Bride: _____

Place of Marriage: _____

Date of Marriage: _____

Death:

Full Name of Deceased: _____

Place of Death: _____

Date of Death: _____

When requesting a death certificate, proof of relationship to the deceased must accompany the request.

Please provide a copy of birth or marriage certificate.

Birth:

Name on Record: _____

Hospital: _____

Date of Birth: _____

Full Name of Father: _____

Full Maiden Name of Mother: _____

of Certificates requested: _____ @ **\$10.00 each copy**

For what purpose is certificate needed: _____

Your Name: _____

Your Address: _____

Phone Number: _____

**Include a stamped self addressed envelope and photo identification (driver's license copy)
with your request to:**

Bernards Township Health Department

262 South Finley Avenue
Basking Ridge, NJ 07920
908.204.2520 F: 908.204.3075
www.bernardshealth.org

