

**Township of Lyndhurst**

**Kevin M. Cuneo, CMR  
Certified Municipal Registrar**

*Department of Health, Vital Statistics, and Registry  
Municipal Annex- 253 Stuyvesant Avenue Lyndhurst, New Jersey 07071  
www.lyndhurstnj.org  
(T) 201-804-2500 (F) 201-438-1944*

Please complete the form below to receive a certified copy of a vital record. A DMV photo ID of yourself with your current name and current address and two other forms of ID are required . **A fee of \$10.00 cash or money order to be paid at the time of request for each copy.**

If you choose to **mail in your request**, you must include a self-addressed, stamped return envelope. The applicant must provide a completed application, valid proof of identity, payment of the fee and, if requesting a certified copy, proof that establishes you are: The subject of the record, the subject’s parent, legal guardian or legal representative, the subject’s spouse/civil union partner, domestic partner; child, grandchild or sibling, if of legal age, a state or federal agency for official purposes, or pursuant to a court order. **Money orders only for mail in requests.** Money order is to be made out to “Township of Lyndhurst”. **Each copy is \$10.00.**

Name of Applicant (Nombre De Aplicante)			Relationship to person on record. (proof may be required) [Relacion al indiciduo (Pueden ser necesarias pruebas)]	Reasons for Request: (Motivo de solicitud) <input type="checkbox"/> Passport (Pasaporte) <input type="checkbox"/> Drivers License (Licencia de Conducir) <input type="checkbox"/> School/ Sports (Escuela/Deportes) <input type="checkbox"/> Veterans Benefits (Beneficios Veteranos) <input type="checkbox"/> Social Security Card (Tarjets Seguro Social) <input type="checkbox"/> Social Security Disability (SSI/Incapacidad) <input type="checkbox"/> Other SS Benefits (Otros beneficios de seguro social) <input type="checkbox"/> Medicare (Medicare) <input type="checkbox"/> Welfare (Asistencia Publica) <input type="checkbox"/> Other (Otro)
Current Mailing Address- <b>Must match address on ID</b> (Direccion Postal- Debe coincidir con identification)				
City (Ciudad)	State (Estado)	Zip Code (Codigo Postal)	Daytime Telephone Number (Numero Telefonico)	
Applicant’s Signature (Firma del Apicante)			Date of Application (Fecha)	

<input type="checkbox"/> Birth ( Nacimiento)	Full Name of Child at Time of Birth (Nombre Completo al Nacer)		No. Requested Copies (No. de Copias)
	Place of Birth (City/Town) [Lugar de Nacimiento (Ciudad/Pueblo)]	County (Condado)	Exact Date of Birth (Fecha de Nacimiento)
	Parent Full Name at Birth (Padres nombre complete al nacer)		Parent Full Name at Birth (Padres nombre complete al nacer)
	If the Child’s Name was Change, Indicate New Name and How it was Changed: (Si el nombre del nino fue cambiado, indique el Nuevo nombrey como fue cambiado)		
<input type="checkbox"/> Marriage (Matrimonio)  <input type="checkbox"/> Civil Union (Union Civil)  <input type="checkbox"/> Domestic Partnership (Sociedada Domestica)	Full Name of Spouse A/Partner A (List name given at birth or on birth certificate) [Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento)]		No. Requested Copies (No. de Copias)
	Full Name of Spouse B/Partner B (List name given at birth or on birth certificate) [Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento)]		Exact Date of Event (Fecha Exacta del Evento)
	Place of Event (City/Town) [Lugar del Evento (Ciudad/Pueblo)]		County (Condado)
<input type="checkbox"/> Death (Defuncion)	Name of Deceased (Nombre del Fallecido)		No. Requested Copies (No. de Copias)
	Exact Date of Death (Fecha Exacta de Evento)	Place of Event (City/Town) [Lugar del Evneto (Ciudad/Pueblo)]	County (Condado)

**FOR TOWNSHIP USE ONLY**

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O	Payment Amount: \$	I.D. Viewed:
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