

FD- \_\_\_\_\_

TOB- \_\_\_\_\_

INDX- \_\_\_\_\_

**CITY OF NEW BRUNSWICK - DEPARTMENT OF HEALTH**  
**78 Bayard Street - P. O. Box 269**  
**New Brunswick, New Jersey 08903-0269**  
**(732) 745-5018/5061**  
**Fax: (732) 565-7542**

Certificate Number: \_\_\_\_\_

Type of record: <input type="checkbox"/> Birth <input type="checkbox"/> Civil Union <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Marriage <input type="checkbox"/> Death	<b>Name on record:</b> <hr/> <p align="center"><b>First Name Only</b></p> <hr/> <p align="center"><b>Middle Name</b></p> <hr/> <p align="center"><b>Last Name</b></p> Hospital: <input type="checkbox"/> Robert Wood or Middlesex General <input type="checkbox"/> St Peters Hospital	<b>Full Maiden Name of Mother:</b> <hr/> <hr/> <hr/> <b>Full Name of Father:</b> <hr/> <hr/>	<b>MARRIAGE - CIVIL UNION</b>  <b>Full Name of Husband/ Full Name of Partner A:</b> <hr/> <b>Full Maiden Name of Wife/ Full Name of Partner B:</b> <hr/>
	<b>Full Name of Domestic Partner</b> <hr/>	<b>Full Name of Domestic Partner</b> <hr/>	
<b>Birth / Civil Union / Domestic Partnership / Marriage / Death</b> <hr/> <p align="center"><b>Month                      Day                      Year</b></p>		How Many Certificates do you want: _____ @ <b>\$20.00 ea.</b>	<b>Purpose Needed:</b>
<b>Your Name: Print Please</b> <hr/> <b>Sign Here:</b> <hr/>	<b>Your current address with proof:</b> <hr/> <hr/> <b>Phone Number: (    ) _____ - _____</b>	<b>YOUR relationship to the individual on record:</b> <input type="checkbox"/> Self <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Fun. Dir. <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Rep. <input type="checkbox"/> Other _____	

**Note:** ID is required to obtain vital records. Such as valid Drivers License (photo or non-photo) with current address and signature. Other forms of ID would be County ID, Valid School ID, Valid Passport, Board of Social Services ID and proof of address. **If you have no ID you can have an immediate relative request the record on your behalf. That would be either mother, father, sister, brother (over the age of 18 with the ID stated above and a valid/current birth certificate, with parents names on it. Any guardian of a minor child must submit court documents of guardianship along with the ID stated above.**