



**TOWNSHIP OF DENNIS
DEPARTMENT OF VITAL STATISTICS
571 PETERSBURG ROAD
PO BOX 204
DENNISVILLE, NEW JERSEY 08214-0204**

REQUEST FOR CERTIFIED COPY OF DEATH RECORD

RAISED SEAL CERTIFIED COPIES WILL ONLY BE ISSUED TO THE FOLLOWING PERSONS

**SURVIVING SPOUSE OF INDIVIDUAL
CHILD OF INDIVIDUAL
SIBLINGS
LEGAL REPRESENTATIVE**

**INDIVIDUAL'S PARENTS
GRANDCHILD OF INDIVIDUAL
LEGAL GUARDIAN
COURT ORDER**

**COMMISSIONER OF HEALTH & SENIOR SERVICES
AGENT/AGENCIES OF A STATE, LOCAL OR FEDERAL GOVERNMENT FOR OFFICIAL PURPOSES**

Date of this Request: _____

Number of Copies Requested: _____

Exact Name on Record: _____

Date of Death: _____

Place of Death : _____

Mother's Full Maiden Name: _____

Father's Name: _____

Your Relationship to Individual on Document: _____

Purpose Needed: _____

Your Name: _____

Address: _____

Phone Number: _____

Signature: _____

Issued By: _____ Date: _____ Fee Collected: \$ _____

**ANY REQUEST FOR VITAL RECORDS WILL REQUIRE A PHOTO IDENTIFICATION WITH ADDRESS
OR TWO ALTERNATE FORMS OF IDENTIFICATION WITH ADDRESS**

ID: _____

If Drivers License, indicate DL#. If State issued passport, indicate country of issuance and number.

Please fill in all the information requested. Certified copies are \$3.00 each. Don't forget to include a copy of your photo driver's license with address or two alternate forms of identification with address. Please make your check or money order payable to the Township of Dennis and mail to the address above.