

BIRTH CERTIFICATE REQUEST FORM

PHOTO IDENTIFICATION OR 2 FORMS OF IDENTIFICATION ARE REQUIRED BEFORE A TRANSCRIPT CAN BE ISSUED.

CHILD'S FULL NAME _____
(FIRST) (MIDDLE) (LAST)

DATE OF BIRTH _____
(MONTH) (DATE) (YEAR)

MOTHER'S MAIDEN NAME: _____
(FIRST) (MIDDLE) (LAST)

FATHER'S NAME: _____
(FIRST) (MIDDLE) (LAST)

SIGNATURE OF PERSON REQUESTING CERTIFICATE _____

RELATIONSHIP TO THE CHILD NAMED ABOVE _____

YOUR ADDRESS _____

YOUR PHONE NUMBER __ (_____) _____
(AREA CODE)

CERTIFICATES ARE \$15.00 EACH

I HEREBY REQUEST _____ COPIES

- To Be Picked Up**
- Mail to the above address**

Make Checks Payable To:
Township of Wantage
Return The Completed Application To:
 Township of Wantage
 888 Route 23
 Wantage, NJ 07461
 Phone: 973-875-7192 Fax: 973-875-0801
 e-mail: administrator@wantagetwp-nj.org



Wantage Township Office Use Only

Date of Application: _____ Initials of Person Issuing Transcript: _____

Photo ID Provided: _____

Other Form of ID Provided: _____
