

# DEATH CERTIFICATE REQUEST FORM

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

DECEASED'S FULL NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

DATE OF DEATH \_\_\_\_\_  
(MONTH) (DATE) (YEAR)

MOTHER'S MAIDEN NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

FATHER'S NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

SIGNATURE OF PERSON REQUESTING TRANSCRIPT \_\_\_\_\_

RELATIONSHIP TO THE DECEASED \_\_\_\_\_

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: \_\_\_\_\_