

MARRIAGE CERTIFICATE REQUEST FORM

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

BRIDE'S FULL MAIDEN NAME _____
(FIRST) (MIDDLE) (LAST)

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

DATE OF MARRIAGE _____
(MONTH) (DATE) (YEAR)

PLACE OF MARRIAGE: _____

SIGNATURE OF PERSON
REQUESTING TRANSCRIPT _____

RELATIONSHIP TO THE 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@wantagewp-nj.org



Wantage Township Office Use Only

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

Photo ID Provided: _____

Other Form of ID Provided: _____
