## WEST NEW YORK HEALTH DEPARTMENT 428 – 60<sup>TH</sup> Street Room 30 West New York, NJ 07093 (201)295-5070

## Application for a Certified Copy of Vital Statistics <a href="Copy(ies">Copy(ies</a>) are \$10.00 each</a>

## MONEY ORDER ONLY: Payable to: WNY HEALTH DEPARTMENT

Cartified Conv		Requestor's Relationship	to Requestor's Signatur	re	
Certified Copy Certified Copy for an Apostille Seal		Person on Record		•	
Certified Copy for an Apostille Seal		(proof is required for certified c			
			Date (of request)	/ /	
Name of Requestor			Reasons for Request		
First	Middle		Passport		
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Child's Name at Birth Fit	rst	Middle	Last		
No. Requested Copies Pl	lace of Birth		County	Date of Birth	
Cit	ty	State *		/ */	
Name of Child's Parents (no	ame given at birth or on birt	h certificate / Maiden Name)		***	
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Parent B First		Aiddle	Last	¥	
If Child's name was changed:					
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