

*Township of Warren  
Board of Health  
Office of the Registrar*

*Somerset County*

46 Mountain Boulevard, Warren, New Jersey 07059-5695  
908-753-8000 Extension 239 – (Fax) 908-757-9173  
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**AFFIDAVIT TO OBTAIN CERTIFIED  
COPIES OF DEATH CERTIFICATES**

Fee: \$10.00 per copy

**REQUESTORS MUST BE ABLE TO IDENTIFY A RECORD OF DEATH  
BY PROVIDING EXACT INFORMATION**

NAME: \_\_\_\_\_  
EXACT NAME AS IT HAS BEEN RECORDED ON THE DEATH RECORD (FIRST, MIDDLE, LAST)

PLACE OF DEATH: \_\_\_\_\_  
EXACT PLACE WHERE THE DEATH EVENT TOOK PLACE (CITY)

DATE: \_\_\_\_\_  
EXACT DATE THE DEATH EVENT OCCURRED (MONTH, DAY, YEAR)

MAIDEN NAME OF MOTHER: \_\_\_\_\_  
MAIDEN NAME OF THE DECEASED SUBJECT'S MOTHER

NAME OF FATHER: \_\_\_\_\_  
NAME OF THE FATHER OF THE DECEASED SUBJECT (IF RECORDED)

NUMBER OF COPIES: \_\_\_\_\_

PURPOSE FOR WHICH CERTIFICATE IS NEEDED:

\_\_\_\_\_

YOUR NAME: \_\_\_\_\_  
PLEASE PRINT

YOUR ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY STATE ZIP CODE

\_\_\_\_\_

YOUR TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE

YOUR RELATIONSHIP TO ABOVE NAMED: \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_ DATE

**FOR OFFICE USE ONLY:**

IDENTIFICATION PROVIDED \_\_\_\_\_  
(1 REQUIRED IF PHOTO 2 REQUIRED IF NO PHOTO) \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_

CHECK OR CASH: \_\_\_\_\_

CERTIFICATE NUMBER(S) \_\_\_\_\_

PERSON PREPARING CERTIFIED COPY: \_\_\_\_\_

**FORM MUST BE COMPLETELY FILLED OUT**