

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

Somerset County

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908-753-8000 Extension 239 – (Fax) 908-757-9173
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**AFFIDAVIT TO OBTAIN CERTIFIED
COPIES OF MARRIAGE CERTIFICATES**

Fee: \$10.00 per copy

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

NAME of BRIDE: _____
EXACT NAME OF BRIDE AS RECORDED ON THE MARRIAGE RECORD

NAME OF GROOM: _____
EXACT NAME OF GROOM AS RECORDED ON THE MARRIAGE RECORD

PLACE WHERE MARRIAGE OCCURRED (MUNICIPALITY)

EXACT PLACE WHERE THE MARRIAGE OCCURRED (CITY)

DATE OF MARRIAGE: _____
EXACT DATE THE MARRIAGE EVENT OCCURRED (MONTH, DAY, YEAR)

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) _____ FORM NO. _____

PERSON PREPARING CERTIFIED COPY: _____

FORM MUST BE COMPLETELY FILLED OUT