

BOROUGH OF METUCHEN
REQUEST FOR CERTIFIED COPY OF DEATH CERTIFICATE

***PLEASE MAKE CHECKS PAYABLE TO "THE BOROUGH OF METUCHEN" AND MAIL TO: 500 MAIN ST. METUCHEN, N.J 08840**

FILL OUT FOR DEATH REQUEST BY MAIL
2 FORMS OF I.D. REQUIRED (COPIES ONLY)

No. of Certificates: _____ **\$10.00 A COPY**

Purpose Needed: _____

Your Name/Address/Phone No.:

Relationship to the named below: _____

DATE OF DEATH: _____

PLACE OF DEATH: _____

NAME OF DECEASED: _____

DECEASED MOTHERS MAIDEN NAME: _____

DECEASED FATHERS NAME: _____

*******FOR STAFF USE ONLY***** ID SHOWN:**
