

**BOROUGH OF WHARTON – HEALTH DEPARTMENT  
FORM FOR DEATH, BIRTH & MARRIAGE CERTIFICATES**

**\$7.00 each**

Date Rec'd \_\_\_\_\_ Date to Pick Up \_\_\_\_\_

How many copies: \_\_\_\_\_

For what purpose is certificate needed: \_\_\_\_\_

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Your name, address & phone #: \_\_\_\_\_

Your relationship to the named below: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**COPY OF A BIRTH CERTIFICATE:** (Please Print)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Father: \_\_\_\_\_

Maiden name of Mother: \_\_\_\_\_

**COPY OF A MARRIAGE CERTIFICATE/CIVIL UNION:** (Please Print)

Name of Groom/Appl. A: \_\_\_\_\_

Name of Bride w/Maiden Name/Appl. B: \_\_\_\_\_

Place of Marriage/Civil Union: \_\_\_\_\_

Date of Marriage/Civil Union: \_\_\_\_\_

**IF YOU WANT A COPY OF A DEATH CERTIFICATE:** (Please Print)

Name of Deceased: \_\_\_\_\_

Name of Father: \_\_\_\_\_

Maiden Name of Mother: \_\_\_\_\_

Date of Death: \_\_\_\_\_

\*\*\*\*\***FOR STAFF USE ONLY**\*\*\*\*\*

IDENTIFICATION – **Photo License ID** - \_\_\_\_\_

or 2 forms of ID: \_\_\_\_\_