



Borough of Fair Lawn
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HEALTH DEPARTMENT
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Health Officer

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RECORD REQUESTS BY MAIL

Please fill out the enclosed application to obtain the certificates you requested. You must provide, along with the application, the following forms of identification:

- Copy of photo identification showing address,

OR

- Photo identification without address and one other form of identification showing shipping address,

OR

- Two alternate forms of identification showing shipping address.

Certificates can only be shipped to address on identification.

Please be sure to complete and sign the application. You must submit the necessary forms of identification along with the application in order to obtain the certificates requested.