

BOARD OF HEALTH-monthly meeting  
AGENDA APRIL 5, 2012 scheduled for 7:30 pm

1. Meeting called to order @ \_\_\_\_\_ PM.
2. Roll Call: Ann Marie Warrelman  
Fred Johansson Vice-President  
Frank Kaiser  
Robert Keller  
Edward Schmidt  
Debbie Greenaway President  
Greg Gorab  
Providence Sarlo Alt #1  
Vacant Alt #2  
Melanie Hammer, Board Secretary  
Robert Jernick, Sanitary Inspector  
Joseph DiMarco, Council Liaison
3. Pledge of Allegiance
4. Sunshine Law: This meeting is being held in accordance with P.I. Chapter 231 and the Notice Requirements of the law have been met by adoption at the Reorganization Meeting of January 5, 1978, setting forth date, time and place of said meeting by posting a copy of same on the Municipal Bulletin Board and sending a copy of same to the Herald News, The Bergen Record and the Star Ledger.
5. Motion to accept March 1, 2012 minutes made by \_\_\_\_\_  
2<sup>nd</sup> by \_\_\_\_\_.
6. Hearing of Citizens
7. Correspondence Received
  - a. Births – 19 reported
  - b. County Statistics-February
  - c. NJ Local Boards of Health Assoc.
  - d. 4 Immunization Audits
  - e. Multicultural Family Fun Festival April 22,2012 1-4

Correspondence Outgoing

- a. Weekly marriage license to State
- b. Board of Health Mailings
- c. Certified Death Certificate by mail

8. Bills. None

9. Motion to pay bills made by \_\_\_\_\_ 2<sup>nd</sup> by \_\_\_\_\_

10. Report of Officers  
Sanitary Inspector  
Secretary/ Registrar  
Council Liaison

11. Unfinished Business  
Review By Laws- Revisions to be sent to Attorneys Office  
Newsletter request dog info-Robert Jernick/Councilman DiMarco

12. New Business  
Dog Registration up to 425      Cats 53

13. Motion to adjourn meeting made by \_\_\_\_\_ 2<sup>nd</sup> by \_\_\_\_\_

Adjourned @ \_\_\_\_\_

# MEMORANDUM



COUNTY OF BERGEN  
DEPARTMENT OF HEALTH SERVICES  
327 Ridgewood Avenue  
Paramus, New Jersey 07652-4895  
201-634-2600

DATE: 3/1/12  
TO: ~~Melanie Hammer~~  
FROM: Meg Mantello RN  
SUBJECT: Feb. 2012 WR Statistics

The following is a synopsis of the services provided this month.

New Visits	<u>0</u>	Reportable Diseases	<u>1</u>
1 <sup>st</sup> Revisits	<u>1</u>	Animal Exposures	<u>1</u>
Revisits	<u>0</u>	School Audits	<u>6</u>
Total Client Visits	<u>1</u>	School Re-Audits	<u>1</u>
Telephone Contacts	<u>0</u>	Other Events	<u>0</u>
Mail Contacts/Postcards	<u>0</u>		
Referrals	<u>1</u>		
Referral Follow-Up	<u>1</u>		

✓ CHC from Wallington

Called meg 3/6/12  
M:\FORMS\NURSING\bcdhsmemosynopsisofservices.doc12/11  
3/27/12



**NEW JERSEY LOCAL BOARDS OF HEALTH ASSOCIATION**  
PO Box 5069, Kendall Park, NJ 08824

RECEIVED

March 1, 2012

**MAR 08 2012**

Dear Board of Health Leader,

This past year has been one of significant accomplishments for members of local Boards of Health and the New Jersey Local Boards of Health Association. The members of the Executive Board have worked diligently to bring about these results, including:

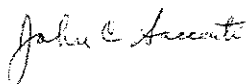
- Expansion of the Certified Board of Health Member Program to include interactive online training and certification beginning in April 2012
- Featured article in the League of Municipalities magazine and training session for public officials at the League of Municipalities Annual Conference
- Establishment of multiple training sessions throughout the State of New Jersey
- Expansion of the NJLBHA newsletter
- Increased advocacy for Public Health issues
- Annual conference and Training Seminar
- Representing NJLBHA at key meetings with the NJ Department of Health and Senior Services and other public health groups throughout the year
- Co-sponsoring the Annual Conference of State and County Health Officials with the NJ Health Officers Association
- Working with the Robert Wood Johnson Foundation to establish a NJ Public Health Institute. This work is ongoing.
- Establishing linkages and close working relationships with other Public Health Associations.

In order to continue these programs we need your support and input. I am including a membership brochure and invoice for the year 2012. Realizing how tight budgets are, we have not raised the cost of annual dues. As soon as we receive your purchase order or other form of payment, we will forward your 2012 membership cards, which will entitle you to full benefits, including reduced fees for training, the Board Member Certification Program, and the NJLBHA newsletter. An invoice is attached that will facilitate

processing your renewal. We also urge you to insure that your Health Officer joins and actively supports the NJ Health Officers Association.

By far, the most important benefit of membership is the impact that you will have by joining with other Boards of Health in New Jersey in continuing to make your voice heard on a statewide level. I look forward to another year of working together for Public Health in New Jersey.

Sincerely,

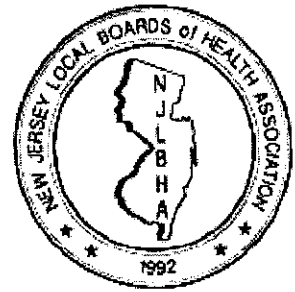


John C. Saccenti  
President

P.S. As you know NJLBHA has withdrawn its support and membership in the National Association of Local Boards of Health until such time as they make significant reforms. This resolution relating to this can be found on our website [www.njlbha.org](http://www.njlbha.org). This action was taken on the advice of our legal counsel to protect the integrity of your Association. We recommend that you take a similar action and not renew NALBOH membership this year. One ramification of this you should be aware of is that you cannot join us through NALBOH and must use the attached invoice or application form included in the attached brochure.



New Jersey Local Boards of Health  
PO Box 5069  
Kendall Park, NJ 08824



## Annual Membership Renewal Notice

**Contact Information:** *Please make changes in box to the right.*

Wood-Ridge Board of Health  
95 Humboldt Street  
Wood-Ridge, NJ 07075

**Address Correction:**

Please email NJLBHA Newsletter and course announcements directly to our Board Members  
(Roster with email addresses must be attached.)

**Board Chair/President:** \_\_\_\_\_ **Number of Board Positions:** \_\_\_\_\_

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

Email address: \_\_\_\_\_

Chair term expires on: \_\_\_\_/\_\_\_\_/\_\_\_\_ Board term expires on: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Heath Officer:**

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

Title: \_\_\_\_\_

Email address: \_\_\_\_\_

**Primary Contact/Support Staff:**

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

Title: \_\_\_\_\_

Email address: \_\_\_\_\_

Description	Amount
<input type="checkbox"/> Full Board Regular Membership \$95	Total Amount Enclosed:
<input type="checkbox"/> Individual Regular Membership \$20	\$ _____
<input type="checkbox"/> Individual Associate Membership \$20	
<input type="checkbox"/> Institutional Membership \$95	
<i>Thank you for your 2011 membership</i>	



**COUNTY OF BERGEN  
DEPARTMENT OF HEALTH SERVICES**

327 East Ridgewood Avenue • Paramus, New Jersey 07652-4895  
(201) 634-2600 • FAX (201) 986-1068 • healthdept@co.bergen.nj.us  
Website: www.bergenhealth.org

**Kathleen A. Donovan**  
County Executive

**Nancy L. Mangieri, DNP, C-PHFP, CPM**  
Director/Health Officer

Date: 2/24/12

Dear Municipal Board of Health President:

In accordance with Chapter 14 of the New Jersey Administrative Code 8:57-4.1-4.24, Immunization of Pupils in School, enclosed are school immunization audits completed by Bergen County Department of Health Services.

- |  |                |  |                |
|--|----------------|--|----------------|
| <input type="checkbox"/> Renee McCue, RN             | (201) 634-2657 | <input type="checkbox"/> Meg Mantello, RN    | (201) 634-2651 |
| <input checked="" type="checkbox"/> Sue Jamieson, RN | (201) 634-2653 | <input type="checkbox"/> Maria Colasante, RN | (201) 634-2652 |
| <input type="checkbox"/> Jack Auslander, RN          | (201) 634-2616 |  |                |

If you have any questions, please feel free to call me.

Yours truly,

A handwritten signature in cursive script that reads "Susan M. Jamieson".

IMMUNIZATION AUDIT REPORT

Name of Reviewer <b>JACK AUSLANDER, RW</b>	Auditing Agency <b>BERGEN CNTY H.D.</b>	Telephone Number <b>201-634-2600</b>
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County <b>BERGEN</b>	District	School/Child Care Center <b>LITTLE STARS ACADEMY</b>
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Type of School (Select One)  
 Public School     Non-Public School     Preschool     Charter     Abbott School/Program

Facility Address <b>150 PARK PL. EAST</b>	Municipality <b>WOOD-RIDGE</b>
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Name of Contact Person <b>KATHY WALKER</b>	Telephone Number <b>201-460-7070</b>
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Type of Audit <input checked="" type="checkbox"/> Audit    Date: <b>2/23/2012</b> <input type="checkbox"/> Re-Audit    Date: _____	Overall Compliance Results: <b>100</b> % Results: _____ %	Total Enrollment for School <b>68</b>	Grades Surveyed <b>PRE-K</b>
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FINAL AUDIT RESULTS

Results of Audit/ Re-Audit	Total Pupils	DtaP DT Td Tdap	Polio	Measles	Mumps	Rubella	Hib	Hep B	Varicella	PCV 13	Influenza	MCV4
Number Deficient	0	0	0	0	0	0	0	0	0	0	0	0
Number Surveyed	68	0	0	0	0	0	0	0	0	0	68	0
Percent Deficient	0	0	0	0	0	0	0	0	0	0	0	0

NOTES:

- If you performed a school re-audit, only indicate the final audit results. The initial audit results should be retained on file by the local health department, according to LHD record retention protocol. The re-audit results should reflect improvements in the overall compliance rates; if not, further intervention is warranted to affect a 90% (daycare) or 95% (elementary) compliance rate. Please submit the final audit report to NJDHSS and retain a copy for your files.
- The new audit worksheet is to be kept as an internal tracking record for local health departments to follow up. Please leave a copy of the audit report and worksheet with the school and retain a copy for your files.
- Refer to N.J.A.C. 8:57-4 for minimum immunization requirements.

Select appropriate box(s) for comments and attach additional sheets if necessary:

- Documentation Problem     Immunization Deficiency Problem     Lack of Enforcement     Other Problem     Recommendations

**FACILITY AUDIT ON 10-26-11 EXCLUDED INFLUENZA VACCINATIONS RECORDED ON IMM-8**



FEB 29 2012

**COUNTY OF BERGEN  
DEPARTMENT OF HEALTH SERVICES**

327 East Ridgewood Avenue • Paramus, New Jersey 07652-4895  
(201) 634-2600 • FAX (201) 986-1068 • healthdept@co.bergen.nj.us  
Website: www.bergenhealth.org

**Kathleen A. Donovan**  
County Executive

**Nancy L. Mangieri, DNP, C-PHFP, CPM**  
Director/Health Officer

Date: 2/27/12

Dear Municipal Board of Health President:

In accordance with Chapter 14 of the New Jersey Administrative Code 8:57-4.1-4.24, Immunization of Pupils in School, enclosed are school immunization audits completed by Bergen County Department of Health Services.

- Renee McCue, RN (201) 634-2657
- Sue Jamieson, RN (201) 634-2653
- Jack Auslander, RN (201) 634-2616
- Meg Mantello, RN (201) 634-2651
- Maria Colasante, RN (201) 634-2652

If you have any questions, please feel free to call me.

Yours truly,

Faint, illegible text from the reverse side of the page.

IMMUNIZATION AUDIT REPORT

Name of Reviewer <b>M. Mantello Rn</b>	Auditing Agency <b>BCOHS</b>	Telephone Number <b>201-634-2651</b>
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County <b>Bergen</b>	District <b>Woodridge</b>	School/Child Care Center <b>Catherine Doyle Elementary (K-5)</b>
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Type of School (Select One)  
 Public School   
 Non-Public School   
 Preschool   
 Charter   
 Abbott School/Program

Facility Address <b>250 Wood-Ridge Ave</b>	Municipality <b>Woodridge</b>
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Name of Contact Person <b>Maria Monda Rn</b>	Telephone Number <b>201-933-0440 x 2</b>
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Type of Audit <input checked="" type="checkbox"/> Audit    Date: <b>2/27/12</b> <input type="checkbox"/> Re-Audit    Date: _____	Overall Compliance Results: <b>100</b> % Results: _____ %	Total Enrollment for School <b>514</b>	Grades Surveyed <b>(K) (1)</b>
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FINAL AUDIT RESULTS

Results of Audit/ Re-Audit	Total Pupils	DtaP DT Tdap	Polio	Measles	Mumps	Rubella	Hib	Hep B	Varicella	PCV 13	Influenza	MCV4
Number Deficient	0	0	0	0	0	0	0	0	0	0	0	0
Number Surveyed	143	143	143	143	143	143	0	143	143	0	0	0
Percent Deficient	0	0	0	0	0	0	0	0	0	0	0	0

NOTES:

- If you performed a school re-audit, only indicate the final audit results. The initial audit results should be retained on file by the local health department, according to LHD record retention protocol. The re-audit results should reflect improvements in the overall compliance rates; if not, further intervention is warranted to affect a 90% (daycare) or 95% (elementary) compliance rate. Please submit the final audit report to NJDHSS and retain a copy for your files.
- The new audit worksheet is to be kept as an internal tracking record for local health departments to follow up. Please leave a copy of the audit report and worksheet with the school and retain a copy for your files.
- Refer to N.J.A.C. 8:57-4 for minimum immunization requirements.

Select appropriate box(s) for comments and attach additional sheets if necessary:

- Documentation Problem   
 Immunization Deficiency Problem   
 Lack of Enforcement   
 Other Problem   
 Recommendations

**No documentation problems noted**  
**All records were on A-45's**  
**Reviewed laboratory evidence of protective immunity shall be accepted as evidence of immunization if parent or guardian cannot produce a document by of the immunization**



MAR 1 2012

**COUNTY OF BERGEN**  
**DEPARTMENT OF HEALTH SERVICES**  
327 East Ridgewood Avenue • Paramus, New Jersey 07652-4895  
(201) 634-2600 • FAX (201) 986-1068 • healthdept@co.bergen.nj.us  
Website: www.bergenhealth.org

**Kathleen A. Donovan**  
County Executive

**Nancy L. Mangieri, DNP, C-PHFP, CPM**  
Director/Health Officer

Date: 2/28/12

Dear Municipal Board of Health President:

In accordance with Chapter 14 of the New Jersey Administrative Code 8:57-4.1-4.24, Immunization of Pupils in School, enclosed are school immunization audits completed by Bergen County Department of Health Services.

- Renee McCue, RN (201) 634-2657
- Sue Jamieson, RN (201) 634-2653
- Jack Auslander, RN (201) 634-2616
- Meg Mantello, RN (201) 634-2651
- Maria Colasante, RN (201) 634-2652

If you have any questions, please feel free to call me.

Yours truly,

IMMUNIZATION AUDIT REPORT

Name of Reviewer <i>Jamieson/McCue</i>	Auditing Agency <i>Bergen County Dept of Health</i>	Telephone Number <i>201 634 2653/2657</i>
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County <i>Bergen</i>	District <i>Wood Ridge</i>	School/Child Care Center <i>Wood Ridge High School</i>
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Type of School (Select One)  
 Public School     Non-Public School     Preschool     Charter     Abbott School/Program

Facility Address <i>258 Hackensack Street</i>	Municipality <i>WOOD RIDGE</i>
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Name of Contact Person <i>Lukna Fontana</i>	Telephone Number <i>(201) 935 4366</i>
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Type of Audit <input checked="" type="checkbox"/> Audit    Date: <i>2/28/12</i> <input type="checkbox"/> Re-Audit    Date: _____	Overall Compliance Results: <i>100</i> % Results: _____ %	Total Enrollment for School <i>389</i>	Grades Surveyed <i>9-12</i>
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FINAL AUDIT RESULTS

Results of Audit/ Re-Audit	Total Pupils	DtaP DT Td Tdap	Polio	Measles	Mumps	Rubella	Hib	Hep B	Varicella	PCV 13	Influenza	MCV4
Number Deficient	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
Number Surveyed	<i>200</i>	<i>200</i>	<i>200</i>	<i>200</i>	<i>200</i>	<i>200</i>	<i>0</i>	<i>200</i>	<i>200</i>	<i>0</i>	<i>0</i>	<i>200</i>
Percent Deficient	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>

NOTES:

- If you performed a school re-audit, only indicate the final audit results. The initial audit results should be retained on file by the local health department, according to LHD record retention protocol. The re-audit results should reflect improvements in the overall compliance rates; if not, further intervention is warranted to affect a 90% (daycare) or 95% (elementary) compliance rate. Please submit the final audit report to NJDHSS and retain a copy for your files.
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- Refer to N.J.A.C. 8:57-4 for minimum immunization requirements.

Select appropriate box(s) for comments and attach additional sheets if necessary:

- Documentation Problem     Immunization Deficiency Problem     Lack of Enforcement     Other Problem     Recommendations

*Reminds on A-45 forms. Charts available for all students. Provided contact information for any questions.*

*Great work!!*

*Thanks, Sue J.*



MAR 08 2012

**COUNTY OF BERGEN  
DEPARTMENT OF HEALTH SERVICES**

327 East Ridgewood Avenue • Paramus, New Jersey 07652-4895  
(201) 634-2600 • FAX (201) 986-1068 • healthdept@co.bergen.nj.us  
Website: www.bergenhealth.org

**Kathleen A. Donovan**  
County Executive

**Nancy L. Mangieri, DNP, C-PHFP, CPM**  
Director/Health Officer

Date: 3-6-12

Dear Municipal Board of Health President:

In accordance with Chapter 14 of the New Jersey Administrative Code 8:57-4.1-4.24, Immunization of Pupils in School, enclosed are school immunization audits completed by Bergen County Department of Health Services.

- |   |                |   |                |
|---|----------------|---|----------------|
| <input type="checkbox"/> Renee McCue, RN    | (201) 634-2657 | <input type="checkbox"/> Meg Mantello, RN               | (201) 634-2651 |
| <input type="checkbox"/> Sue Jamieson, RN   | (201) 634-2653 | <input checked="" type="checkbox"/> Maria Colasante, RN | (201) 634-2652 |
| <input type="checkbox"/> Jack Auslander, RN | (201) 634-2616 |   |                |

If you have any questions, please feel free to call me.

Yours truly,

*Maria Colasante RN, BSN*

IMMUNIZATION AUDIT REPORT

Name of Reviewer <u>J. Auslander</u>	Auditing Agency <u>Bergen County</u>	Telephone Number <u>201-634-2616</u>
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County <u>Bergen</u>	District	School/Child Care Center <u>First Presbyterian Nursery</u>
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Type of School (Select One)  
 Public School     Non-Public School     Preschool     Charter     Abbott School/Program

Facility Address <u>190 valley Blvd.</u>	Municipality <u>Wood-Ridge</u>
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Name of Contact Person <u>Tina Williams</u>	Telephone Number <u>201-438-8966</u>
--	---

Type of Audit <input checked="" type="checkbox"/> Audit    Date: <u>2-23-2012</u> <input checked="" type="checkbox"/> Re-Audit    Date: <u>3-5-2012</u>	Overall Compliance Results: <u>92</u> % Results: <u>100</u> %	Total Enrollment for School <u>38</u>	Grades Surveyed <u>PreK</u>
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FINAL AUDIT RESULTS

Results of Audit/ Re-Audit	Total Pupils	DtaP DT Td Tdap	Polio	Measles	Mumps	Rubella	Hib	Hep B	Varicella	PCV 13	Influenza	MCV4
Number Deficient	0	0	0	0	0	0	0	0	0	0	0	0
Number Surveyed	38	38	38	38	38	38	38	0	38	38	38	0
Percent Deficient	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

NOTES:

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Select appropriate box(s) for comments and attach additional sheets if necessary:

- Documentation Problem   
  Immunization Deficiency Problem   
  Lack of Enforcement   
  Other Problem   
  Recommendations

Provided e Rainbow packet  
Provided e NJ Subchapter 4

IMMUNIZATION AUDIT REPORT

Name of Reviewer J. Auslander RN	Auditing Agency BCDHS	Telephone Number 201-634-2616
-------------------------------------	--------------------------	----------------------------------

County Bergen	District Wood Ridge	School/Child Care Center Infant Sweet
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Type of School (Select One)  
 Public School     Non-Public School     Preschool     Charter     Abbott School/Program

Facility Address 55 Humboldt Street	Municipality Wood-Ridge
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Name of Contact Person Trisha Lowman	Telephone Number 201-935-3616
---	----------------------------------

Type of Audit <input checked="" type="checkbox"/> Audit    Date: 2/10/12 <input checked="" type="checkbox"/> Re-Audit    Date: 3/16/12	Overall Compliance Results: 53 % Results: 100 %	Total Enrollment for School 15	Grades Surveyed PreK
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FINAL AUDIT RESULTS

Results of Audit/ Re-Audit	Total Pupils	DtaP DT Td Tdap	Polio	Measles	Mumps	Rubella	Hib	Hep B	Varicella	PCV 13	Influenza	MCV4
Number Deficient	0	0	0	0	0	0	0	0	0	0	0	0
Number Surveyed	15	15	15	15	15	15	15	0	15	15	15	0
Percent Deficient	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

NOTES:

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Select appropriate box(es) for comments and attach additional sheets if necessary:

- Documentation Problem   
  Immunization Deficiency Problem   
  Lack of Enforcement   
  Other Problem   
  Recommendations

Provided Rainbow Packet  
 Provided NJ subchapter 4



*Bergen County Executive*  
**Kathleen A. Donovan**  
*and the*  
**Board of Chosen Freeholders**

*invite you to attend the*

**11th Annual**  
**Multicultural Family Fun Festival**  
**Free fun for families and children to age 8**

*Featuring*

**Interactive Movement & Dance Activities • Arts & Crafts • Clowns • Child ID  
Storytelling (English & Spanish) • FamilyCare Enrollment • Much More!**

**Sunday, April 22, 2012**

**1:00 - 4:00 PM**

**Richard Rodda Community Center**  
**250 Colonial Court, Teaneck, NJ 07666**

**Directions & FamilyCare Health Insurance Enrollment Information on the Back**

**An adult must accompany all children.**

Please call 201-336-7454 two weeks in advance to request special accommodations.

**EVENT ORGANIZERS**

Center for Modern Dance Education • Richard Rodda Community Center  
Todd Ouida Children's Foundation • YMCA of Greater Bergen County • YWCA of Bergen County

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**BOARD OF CHOSEN FREEHOLDERS**

John D. Mitchell, *Chairman* • John A. Felice, *Vice Chairman* • Maura R. DeNicola  
John Driscoll, Jr. • David L. Ganz • Robert G. Hermansen • Joan M. Voss

**DEPARTMENT OF HUMAN SERVICES**

Jane C. Linter, *Director*

**HUMAN SERVICES ADVISORY COUNCIL • OFFICE FOR CHILDREN**

**Directions**  
**Richard Rodda Community Center**  
**250 Colonial Court**  
**Teaneck, NJ 07666**

**From Route 80 West**

Proceed to Exit 70B. Take this street (DeGraw Avenue) to the 4th traffic light and make a right (Palisade Avenue). Proceed through 2 traffic lights, go under highway and make the first right onto Colonial Court. Building is on the right.

**From Route 80 East**

Proceed to exit 67. Go to first stop sign and make a left (Palisade Avenue). Proceed through 4 traffic lights, go under highway and make the first right onto Colonial Court. Building is on the right.

**From Points North**

Route 17 South to Route 4 East. Exit at Queen Anne Road. Bear to the right. At the yield sign, make a left (Queen Anne Road) then a quick right (Dewey Place) and follow street to the end. Make a right onto Palisade Avenue. Make the first right onto Colonial Court. Building is on the right.

**From Points South**

Route 17 North to Route 4 East. Exit at Queen Anne Road. Follow above directions.

**Family Care Enrollment Information**

To enroll in the NJ FamilyCare Health Insurance program at the Family Fun Festival, please bring the following information for each individual in your application:

- Birth Certificates; if married, Marriage Certificate;
- Social Security cards (or copy of application for SS card or date and place of application);
- Proof of income and support received; and
- Pay-stubs for four weeks for each person employed.

4 19 1

Wood Ridge Registrar Account		March 2012		Death		Birth		Burial		Check/	
Date	Receipt	Received From	Marriage License	Remarriage License	Marriage Certified	Death Certificate	Death Trans/EDRS	Birth Certificate	Burial Permit	Cash	Check/
3/6/2012	630629	Zelaya			30					cash	
3/6/2012	630630	Grieco			10					cash	
3/8/2012	630631	Gonzalez			10					cash	
3/9/2012	630632	Nazar			20					cash	
3/12/2012	630633	Gravina	28							cash	
3/12/2012	630634	DeJesus			20					cash	
3/12/2012	630635	Moscoso			20					cash	
3/13/2012	630636	Russo			40					cash	
3/22/2012	630637	Yankosky			10					cash	
3/22/2012	630638	Mencia	28							cash	
3/23/2012	630639	Carroll				10				Check/	
3/23/2012	630640	Rumi			20					cash	
3/27/2012	630641	Connolly	28							Check/	
3/27/2012	630642	Maisano			10					cash	
3/30/2012	630643	Johnson	28							cash	
Total			112		0	190		10			
Grand Total			<del>200</del> 312								

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