



**CERTIFICATE OF BIRTH RECORD  
STATE OF NEW JERSEY  
HUDSON COUNTY OFFICE OF VITAL STATISTICS  
JERSEY CITY, NEW JERSEY**

J-103433

| NAME OF CHILD            | SEX | PLACE OF BIRTH  | DATE OF BIRTH   |
|--------------------------|-----|-----------------|-----------------|
| Michelangelo E. Petrocco | M   | Jersey City, NJ | August 18, 1914 |

August 22, 1914

Date of Registration

*Barbara A. Burns*

Certifying Clerk's Signature

November 30, 2001

Date of Issue

*Janet E. Haynes*

Janet E. Haynes  
Registrar of Vital Statistics

31 - 6108

V.S. No.

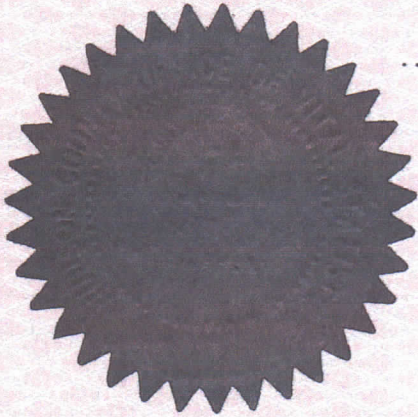
Jersey City, N.J.

Address

Mother's Maiden Name: **Almerico Petrocca**

Father's Name: **Benedetto Cerro**

Time of Birth: **N/A**



Nº 1843

**Board of Health and Vital Statistics**  
OF HUDSON COUNTY, N. J.  
ADMINISTRATION BUILDING, 595 NEWARK AVENUE - Room 203  
JERSEY CITY, NEW JERSEY

WILLIAM LAFFEY  
CLERK OF BOARD

MAURICE SUMMER  
REGISTRAR OF VITAL STATISTICS

**Extract of Birth Recording**

Issued at Jersey City, N. J., April 15th, 1963

THIS IS TO CERTIFY THAT:—

**MICHELE ANGELO PETROCCO**

was born on **18th** day of **August**

in the year **1914** at **Jersey City, NJ**

according to the records of this office under

Index No. **6108** Volume No. **31**

*Maurice Summer*  
MAURICE SUMMER  
REGISTRAR OF VITAL STATISTICS

Signature of certifying clerk:

*Maurice Summer*

**IMPORTANT**

This certificate is invalid unless bearing the personal signature of the certifying clerk under the Seal of this office.

DECLARATION OF MALE APPLICANT FOR A MARRIAGE LICENSE

NOTE TO REGISTRAR.—Applicants should be told that they are to be sworn and that taking a false oath constitutes perjury, which is punishable by law.

- 1. What is your full name? Michael Petrocca
2. What is your age? 22 years on the 18 day of Aug. 1934
3. Where do you reside? 279 Danforth Av. Jersey
4. Are you related to the intended bride?
5. Are you an epileptic, of unsound mind, or an inmate of any institution for the insane or indigent?
6. Are you infected with gonorrhea, syphilis or chancroid in a communicable stage?
7. Are you divorced, a widower or single? Single
8. If divorced When and where were you divorced? (Produce decree)
or widowed: When and where did your wife die?

DECLARATION OF FEMALE APPLICANT FOR A MARRIAGE LICENSE

- 1. What is your full name? Sara Ladica
2. What is your age? 21 years on the 2 day of June 1935
3. Where do you reside? (See Note 1) 279 Danforth Av. J.C.
4. How long have you lived there? 4 months
5. Are you related to the intended groom?
6. Are you an epileptic, of unsound mind, or an inmate of any institution for the insane or indigent?
7. Are you infected with gonorrhea, syphilis or chancroid in a communicable stage?
8. Are you divorced, a widow or single? Single
9. If divorced When and where were you divorced? (Produce decree)
or widowed: When and where did your husband die?
10. Where and by whom do you intend being married? J.C. = July 5th

NOTE 1.—Residence refers to "usual place of abode", the permanent home and principal establishment to which, when absent, she has the intention of returning. Any very recent change of address may be an effort to defeat the purpose of the marriage license act.

NOTE 2.—An opinion of the State Attorney General's office states that restrictions placed by other States upon the remarriage of divorced persons should be observed in New Jersey.

65884

JUL 2 1935

DECLARATION OF IDENTIFYING WITNESSES

NOTE TO REGISTRAR.—Witnesses should be told that they are to be sworn and that taking a false oath constitutes perjury, which is punishable by law.

1. What is your full name?..... Bettina Petrocco
2. Where do you reside?..... 27 Danforth Ave.
3. What is your occupation?..... At Home
4. Are you intimately acquainted with both applicants for marriage license?..... Yes
5. How long have you known each applicant? Male..... son Female..... 5 months
6. Have the applicants correctly stated their usual residences? ..... Yes
7. Is there any moral or legal obstacle to their marriage? ..... No

OATH OR AFFIRMATION OF APPLICANTS AND IDENTIFYING WITNESS

We, who have hereunder signed our names, do solemnly swear (or affirm) that the answers given by us in this application for a marriage license are true, full and perfect answers to each and all of said questions.

MARRIAGE CERTAINLY PERFORMED BY E. Monteleone  
ADDRESS 95 Clark St

Michael Petrocco  
Signature of male applicant

Sara Ladicis  
Signature of female applicant

JC  
Date July 14, 1935

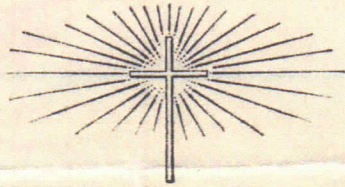
Bettina Petrocco  
Signature of identifying witness

Sworn (or affirmed) and subscribed before me at.....  
this 2 day of July 19 35 at 11:30 A.M. P.M.

J.R. Keiser  
Registrar

License number..... issued..... (Date of issue)

# Certificate of Marriage



Church of

*Our Lady of Sorrows*  
*Jersey City*

This is to Certify

That *Michael A. Petrosso*  
and *Sara Ladicco*  
were lawfully **Married**

on the *14* day of *July* 19*35*

**According to the Rite of the Roman Catholic Church**

and in conformity with the laws of the State of

*New Jersey* Rev. *S. Monteleone*  
officiating in the presence of *Martin Margull*  
and *Mary Lillis* Witnesses, as appears  
from the Marriage Register of this Church.

Dated *July* - 19*35*

*Rt. Rev. Ernest Monteleone* Pastor.



TOWNSHIP OF DOVER DEPARTMENT OF HEALTH

TOMS RIVER, N. J. 08753

MAR 14 1990 DATE

This is to certify that the following is a true copy of a record filed in this department.

Signature of Registrar of Vital Statistics: Guiseppe McCarthy

WARNING! DO NOT ACCEPT THIS COPY UNLESS THE RAISED SEAL OF THE DEPARTMENT OF HEALTH IS AFFIXED HEREON.

Items 1 and 2 to be typed by Funeral Director

To be printed by Physician

TIME OF DEATH: 3-12-90 1-15 P.M.

DATE OF DEATH: 3-12-90

PHYSICIAN - Please Print: Michael Petrocco

STATE USE ONLY: IND/OCC, CAUSE, PLACE OF ACC, CROSS CLASS

New Jersey State Department of Health CERTIFICATE OF DEATH. Includes fields for Name of Deceased (Michael A. Petrocco), Date of Death (3/12/90), Birth Date (8/18/14), Social Sec. No. (158-01-6355), Place of Death (Brick Hospital), Residence (Ocean County, NJ), and Cause of Death (Metastatic Cancer of Prostate, Pneumonia, Atrial Fibrillation, Acute Renal Failure).

INSTRUCTIONS

- (1) Print or type. Print with black ball point pen only.
(2) Insert "Month - Day - Year" in this order for all entries requiring a date.

DISTRIBUTION: ORIGINAL - New Jersey State Department of Health, DUPLICATE - Permanent Local Copy, TRIPPLICATE (PINK) - Resident Copy