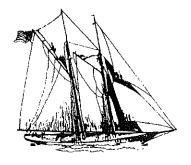
Township of Commercial Vital Statistics and Registry 1768 Main St. Port Norris, NJ 08349 (856) 785-3100 Ext 309 or 310

APPLICATION FOR A NON-GENEALOGICAL CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD

| ☐ Certified Copy ☐ Certified Copy for an Apostille Seal ☐ Certification | | Requestor's Relationship Person on Record (proof is required for certified co | | | |
|---|--|---|---|---------------------------|--|
| Street City | Middie SS (must match address on ID) State | Passpor Driver's School / Veteran Social S Medica | Reasons for Request Passport Driver's License School / Sports Veterans' Benefits Social Security Card / Benefits Medicare Welfare / Disability | | |
| Emall Address | @ . | Daytime Phone Numbe | r Other: | | |
| BIRTH | | | | | |
| Child's Name at Birth First Middle | | Last | Last | | |
| No. Requested Copies | Place of Birth | State | County | Date of Birth / / | |
| Name of Child's Parents (name given at birth or on birth certificate / Maiden Name) Parent A First Middle Last Parent B First Middle Last If Child's name was changed: New Name Describe Change | | | | | |
| MARRIAGE No. Requested Copies | Standard and the second | CIVIL UNION | DOMESTIC County | PARTNERSHIP Date of Event | |
| | City | State | Journey | / / | |
| Name of Spouses (name Spouse A First Spouse B First | given at birth or on birth certifi | cate / Maiden Name) Middle Middle | Last Last | | |
| ☐ DEATH | | | | | |
| Name of Decedent | First | Middle | Last | | |
| No. Requested Copies | Place of Death City | State | County | Date of Death / / | |
| Name of Decedent's Parents (name given at birth or on birth certificate / Maiden Name) | | | | | |
| Parent A First | | Middle | Last | | |
| Parent B First | | Middle | Last | | |
| Have you enclosed and completed all Completed Application Proof of Relationship required information? Payment Acceptable Forms of ID Mailing Address Matches ID | | | | | |
| REG-37a SEP 17 Payment Type | : □ Cash □ M/O □ Check □ | FOR STATE USE ONLY Waived Amount: \$ | □ ID Viewed Pr | ocessed By: | |



Township of Commercial

1768 Main Street • Port Norris, New Jersey 08349 (856) 785-3100 • Fax: (856) 785-9420

MIKE VIZZARD Mayor FLETCHER JAMISON Deputy Mayor JOSEPH KLAUDI Committeeman HEATHER SPARKS Township Clerk

Dear Applicant:

You have requested an application for a vital statistics record. Since 911, the State of New Jersey has put in place the following regulations and requirements in order for you to obtain a certified copy of this vital record. The following stipulations must be met:

- 1. Fill in ALL items to the record you are requesting.
- 2. Make sure you fill out your **CURRENT** name and address.
- 3. You must include copies of either one form of identification if it is:
 - a. Valid Driver's License
 - b. Photo Non-Driver's License (issued from DMV)
 - c. Valid Driver's license without a photo <u>AND</u> an alternate form of identification.

OR

- 4. You must include copies of <u>TWO</u> alternate forms of identification which can be from the following list:
 - a. Vehicle Registration
 - b. Vehicle Insurance Card
 - c. Voter Registration
 - d. Passport
 - e. Green Card
 - f. County ID
 - g. School ID
 - h. Utility Bill (within 90 days)
 - i. Bank Statement (within 90 days)
 - i. Tax Return for current or previous year
 - k. Court Order No Subpoenas
- 5. Make check or money order payable to Commercial Township in the amount of \$10.00 for each copy that you are requesting.
- 6. Return the application, required identification and payment to:

Registrar of Vital Statistics Township of Commercial 1768 Main St.

Port Norris, NJ 08349

7. Any questions you may call (856) 785-3100, Ext. 309 or 310.

Registrar of Vital Statistics