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

APPLICATION FOR A <u>NON-GENEALOGICAL</u> CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD

☐ Certified Copy ☐ Certified Copy for an Apostille Seal		Requestor's Relationship to Person on Record (proof is required for certified copy)			Requestor's Signature	
Certification		·		Date (of request) / /		
Name of Requestor Reason					equest	
First Middle					Passport	
Last					☐ Driver's License ☐ School / Sports	
Current Mailing Address (must match address on ID)				☐ Veterans	' Benefits	
Street					Social Security Card / Benefits Medicare	
City State Zip Code			Zip Code		/ Disability	
Email Address		1	Daytime Phone Number	Other:		
	@ .		() -		•	
BIRTH						
Child's Name at Birth First Middle Last						
No. Requested Copies P	lace of Birth			County	Date of Birth	
. a	ity		State	•	1 1 .	
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 CIVICUNION DOMESTIC PARTNERSHIP						
	lace of Event			County	Date of Event	
	íty		State		/ /	
Name of Spouses (name given at birth or on birth certificate / Maiden Name)						
Spouse A First		Middle		Last	•	
Spouse B First		Middle		Last		
DEATH SAN						
Name of Decedent Fi	irst	1	Middle	Last		
No. Requested Copies P	lace of Death			County	Date of Death	
	ity		State		/ /	
Name of Decedent's Parents (name given at birth or on birth certificate / Maiden Name)						
Parent A First	٨	Aiddle	•	Last		
Parent B First	٨	⁄liddle		Last		
Have you enclosed and completed all Completed Application Proof of Relationship required information? Acceptable Forms of ID Mailing Address Matches ID						
REG-3/a	☐ Cash ☐ M/O ☐ Check ☐ \	√aived			ocessed By:	