

MEMO

MAURICE RIVER TOWNSHIP OFFICE OF VITAL STATISTICS



Dear Applicant;

Attached is an Application for a Certification or Certified Copy of a Vital Record. Please note section 1 must be completed in full, plus the portion(s) that coincide with the type of document you are requesting, i.e. birth, marriage, civil union, domestic partnership, death, etc.

Issuance of certified copies by mail require the following items be returned along with this completed application.

◆ Identification:

Photo I.D. which includes your mailing address (Valid Photo Driver's License or government issue photo ID)

Or Photo I.D. and an alternate form of I.D. with address

Or 2 forms of I.D. without photo, both of which must include your mailing address printed on each. Examples of acceptable documents: current non-photo driver's license, vehicle registration, insurance card, voter registration card, passport, a utility bill, green card, county I.D., or school I.D.

**Notes 1. All addresses listed on documents must be the same and must match where we will be sending your certified copies.*

2. All documents must be valid as of submission date of application; double-check expiration dates if applicable.

3. You must provide proof of relationship to the individual named in the requested document, unless it is for yourself. (Birth certificate, marriage license, etc.)

◆ Fees:

1st Original \$10.00, duplicate copies \$5.00 (*ordered at same time*).

◆ Return Envelope:

Please enclose a self-addressed stamped envelope along with your application.

Mail to: Maurice River Township
Vital Statistics
590 Main St.
PO Box 218
Leesburg, NJ 08327

Should you have any questions, please feel free to contact our office.

Maurice River Township

590 Main Street, PO Box 218

Leesburg, NJ 08327

Phone: (856) 785-1120 Fax: (856) 785-1974

To: _____

Date: _____

Initials: _____

MAURICE RIVER TOWNSHIP, CUMBERLAND COUNTY
New Jersey Department of Health and Senior Services
Vital Statistics and Registration

APPLICATION FOR A CERTIFICATION OR A CERTIFIED COPY OF A VITAL RECORD

A **Certification** of a vital record event is issued to those individuals with a distant or no relationship to the individual(s) listed on the vital record. It is issued for informational purposes only and cannot be used for legal or identification purposes.

A **Certified Copy** of a vital record event is issued to those individuals who have a direct link to the individual(s) named on the vital record event, as identified in Governor McGreevey's Executive Order 18, and provided that the requestor is able to identify the vital record and can provide proof of his identity and relationship. A Certified Copy will contain the raised Great Seal of the State of New Jersey and can be used for legal or identification purposes.

PLEASE TYPE OR PRINT CLEARLY! ALL ITEMS ARE REQUIRED UNLESS NOTED OTHERWISE.* PROOF OF IDENTITY IS REQUIRED. MAKE CHECK OR MONEY ORDER PAYABLE TO MAURICE RIVER TOWNSHIP.

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|--------------------------------|---|-----------------------------|---|----------|
| Name of Applicant | Relationship to Person Named on Requested Record <i>(Proof may be required.)</i> | | Why is record being requested? <input type="checkbox"/> Passport <input type="checkbox"/> Driver License <input type="checkbox"/> School/Sports <input type="checkbox"/> Social Security Card <input type="checkbox"/> Soc. Sec. Disability <input type="checkbox"/> Other Soc. Sec. Benefits <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Genealogy <input type="checkbox"/> Other: | |
| | Street Address | | | |
| | City | State | | Zip Code |
| | Telephone Number | | | |
| Signature of Applicant | | Date of Application | | |
| <input type="checkbox"/> BIRTH | Full Name of Child at Time of Birth | | No. of Copies Requested | |
| | Place of Birth (City, Town or Township) | | County | |
| | Exact Date of Birth | Name of Hospital (Optional) | | |
| | Mother's Full Maiden Name | | Father's Name (if recorded on the record) | |
| | If Child's Name Was Changed, Indicate New Name and How It Was Changed | | | |

DO NOT use this form to request a **Certified Copy of a Certificate of Birth Resulting in Stillbirth**. Use form REG-68 which is available on the Department's website at: www.state.nj.us/health/vital/vital.shtml. Follow the instructions carefully.

| | | | |
|--|--|---|---|
| <input type="checkbox"/> MARRIAGE | Name of Husband/Civil Union Partner | | No. of Copies Requested |
| | Maiden Name of Wife/Civil Union Partner | | Exact Date of Ceremony |
| <input type="checkbox"/> CIVIL UNION | Place of Marriage/Civil Union (City, Town or Township) | | County |
| <input type="checkbox"/> DOMESTIC PARTNER-SHIP | Name of Partner | | No. of Copies Requested |
| | Name of Partner | | Exact Date Registered |
| | Place Where Domestic Partnership Registered (City, Town or Township) | | County |
| <input type="checkbox"/> DEATH | Name of Deceased | | Social Security No. <i>(See Note)</i> |
| | Exact Date of Death | | Place of Death (City, Town or Township) |
| | County | | No. of Copies Requested |
| Mother's Full Maiden Name | | Father's Name (if recorded on the record) | |

NOTE: Social Security Number is only required for Insurance, Title and Bank Companies requesting copies of Death records.

* Births occurring over 80 years ago, marriages occurring over 50 years ago and deaths occurring over 40 years ago are considered genealogical and therefore exact information is not required. You may provide only the name of the individual recorded on the vital record, the county where the event occurred and the year the event occurred. Multiple years may be searched at a fee of \$1.00 per additional year searched.

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|---|-----------------------|---------------------------|---------------|------------------------|--|
| *MUNICIPAL USE* | | FOR STATE USE ONLY | | *MUNICIPAL USE* | |
| Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived | Payment Amount: \$ | ID Viewed: | Processed By: | | |