## <u>Application for Certified Copy of Vital Record</u> (non-genealogical)

Certified Copies of a Vital Record: Include the raised seal of the office issuing the record, and are always issued on State of New Jersey safety paper.

Certified copies may be used to establish identity and are legal documents.

Per State Statute, all applications for a certified copy of a non-genealogical record require the applicant to provide the following:

- 1) A completed application for certified copy of vital record
- 2) Valid **proof of identity** (three permissible "options" only)
  - a) A valid photo driver's license (or photo non-driver's license) with current address
  - b) OR a valid driver's license without photo and (1) alternate form of ID\*\* with current address
  - c) OR two (2) alternate forms of ID\*\* one of which must show the current address
  - \*\*<u>Alternate forms of ID are</u>: vehicle registration, vehicle insurance card, voter registration, US/foreign passport, permanent resident card (green card), Immigrant Visa, Federal/State ID, County ID, School ID, utility bill (dated within previous 90 days), bank statement (dated within previous 90 days), or W-2 for current or previous year.
- 3) Marriage/Civil Union Certificate (copy), if name was changed due to marriage/civil union
- 4) Proof of relationship to the subject of the record (see below reference)

If you are	Requesting	YOU MUST PROVIDE		
Self	Requesting your vital record	Provide your own proof of identity		
	ricquesting your vitai record	(along with proof #3 noted above if applicable)		
Parent – (or legal guardian with	requesting child's birth	Said parent provides their proof of identity		
documentation)	certificate	(along with proof #3 noted above if applicable)		
	Requesting partner's birth or death certificate*	Provide your own proof of identity (along with		
Spouse/Civil Union Partner		proof #3 noted above if applicable) *you cannot		
	death certificate	obtain any divorced partner's vital record		
Domestic Partner	Requesting partner's birth or	Provide your own proof of identity (along with		
Domestic Partilei	death certificate	copy of certificate of domestic partnership)		
		<ul> <li>Provide your own proof of identity; and</li> </ul>		
Biological Child -18 years or older		<ul> <li>marriage/civil union certificate if applicable;</li> </ul>		
	requesting parent's vital record	and		
		<ul> <li>your birth certificate with parent(s) name(s)</li> </ul>		
		Provide your own proof of identity; and		
		<ul> <li>marriage/civil union certificate if applicable;</li> </ul>		
		and		
	or grandparent's vital record	<ul> <li>your birth certificate with your parent(s)</li> </ul>		
		name; and		
		your fraternal/maternal parent's birth		
		certificate with the grandparent(s) name(s)		
		Provide your own proof of identity; and		
Biological Sibling -18 year or older		<ul> <li>marriage/civil union certificate if applicable;</li> </ul>		
	Requesting sibling's vital record	and		
		<ul> <li>your birth certificate with your parent(s)</li> </ul>		
		name		
Legal representative by legal		name		
retainer (i.e. attorney)				
A state or federal agency for				
official purposes				
	l			

NOTE: all persons listed on vital records reflect names given at birth (i.e. mother's maiden name)

5) Payment of the fee

(\$25 for initial certified copy, and \$5 additional for each same issued same certificate)

## TOWNSHIP OF EVESHAM

APPLICATION FOR CERTIFIED COPY OF VITAL RECORD

Clerk & Registrar Office – 984 Tuckerton Road, Marlton, NJ 08053 (856) 988-4429

Hours of Operation – Monday through Thursday 8:45am to 4:15pm – Room 201

Date of Reque	est:	/ /								
Name of Requ	estor:					Relationship to person of				
						is required if certified co	py requested):			
	First	Mi	ddle	Last		Other:				
0 (11 )			ID)			D ( D N 1				
Current Mailir	ng Addr	ess: (must match addre	ess on ID)			Daytime Phone Number:				
Street						( ) - Purpose for Request:				
City			State	Zin Code		Purpose for Request:				
City			State	Zip Code						
E-Mail Addres	ss:			1	Requestor's Signati	ure:				
FEE: CASH or CHECK ONLY - \$25.00 (additional copy of the same certificate ordered at the same time is \$5.00 each)										
			Please make chec	ck payable to "Tow ORD TYPE REQU	nship of Evesham"					
	Full N	ame of Child at Time		ND THE REGO						
	Cirot			Middle	Loot					
	First Place	of Birth		Middle	Last					
					•					
BIRTH		ame of Child's Parent								
	Full N	aille of Cilliu's Falein	(parent's billing	arrie giveri at <u>trieii</u>	biltii oi on <u>tileli</u> biltii	certificate)				
	First			Middle	Last					
	Full N	ame of Child's Parent	t <u>B</u> (parent's birth na	ame given at <u>their</u>	birth or on their birth	certificate)				
	First			Middle	Last					
		d's name was changed		Ob						
	New N Exact	Date of Birth:	<u> </u>	escribe Change	No. of Requested	Copies:				
		/	,			оор.оо.				
		/	/							
MARRIAGE	Full N	ame of Spouses (nam	e given <b>at birth</b> or o	on birth certificate	/ Maiden Name)					
MARRIAGE	Spous	se <u>A</u> : First		Middle		Last				
CIVIL UNION	Spous	se B : First		Middle		Last				
	Spouse B: First Middle Last  Place where ceremony occurred:									
		,,			_					
DOMESTIC PARTNERSHIP	City Date of	of Ceremony:	Si	tate	No. of Requested					
	Date	or ocicinony.			No. of Requester	a copics.				
		/	/							
	Name	of Decedent:								
	T:uat		B.4:	ما مال م	1					
	First Place	of Death:	IVII	ddle	Last					
			•							
DEATH	City Name	of Decedent's Parent	Sta s: (hirth name given	ate at their birth or o	County on hirth certificate / <b>N</b>	/ laiden Name\				
<u>—</u>	Paren	t <u>A</u> First		Middle _		Last				
	Paren	t <u>B</u> First		Middle _		Last				
	Date o	of Death:			No. of Requested	d Copies:				
		,	,			·				
		/	/							
Payment Ty	/pe:	Payment Amount:	F	OR OFFICE USE	ID Viewed		Processed By			
Cash /Check #		\$	D.L.# & State Passport # & Country							
CERTIFICATE	= # /~\		Other							
	_ π (O <i>)</i>									

C:\Users\clarkz\Desktop\Registrar\Certified Vital Record Request Form.docx