

Application for Certified Copy of Vital Record (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

****Alternate forms of ID are:** 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) ☐ **Birth/Marriage/Civil Union Certificate (copy)**, if name was changed
- 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 current proof of identity (along with proof #3 noted above if applicable)
Parent – (or legal guardian with documentation)	requesting child’s birth certificate	Said parent provides their proof of identity (along with proof #3 noted above if applicable)
Spouse/Civil Union Partner	Requesting partner’s birth or death certificate*	Provide your own proof of identity (along with proof #3 noted above if applicable) <i>*you cannot obtain any divorced partner’s vital record</i>
Domestic Partner	Requesting partner’s birth or death certificate	Provide your own proof of identity (along with copy of certificate of domestic partnership)
Biological Child -18 years or older	requesting parent’s vital record	<ul style="list-style-type: none"> • Provide your own proof of identity; and • marriage/civil union certificate if applicable; and • your birth certificate with parent(s) name(s)
	or grandparent’s vital record	<ul style="list-style-type: none"> • Provide your own proof of identity; and • marriage/civil union certificate if applicable; and • your birth certificate with your parent(s) name; and • your fraternal/maternal parent’s birth certificate with the grandparent(s) name(s)
Biological Sibling -18 year or older	Requesting sibling’s vital record	<ul style="list-style-type: none"> • Provide your own proof of identity; and • marriage/civil union certificate if applicable; and • your birth certificate with your parent(s) name
Legal representative by legal retainer (i.e. attorney)		
A state or federal agency for official purposes		

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 Request: / /			
Name of Requestor:		Relationship to person on record (Proof is required if certified copy requested):	
<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> First Middle Last </div>		<input type="checkbox"/> Self <input type="checkbox"/> Other: _____	
Current Mailing Address: (must match address on ID)		Daytime Phone Number:	
Street _____		() -	
City _____ State _____ Zip Code _____		Purpose for Request:	
E-Mail Address:		Requestor's Signature:	

FEE: CASH or CHECK ONLY - \$25.00 (additional copy of the same certificate ordered at the same time is **\$5.00** each)
Please make check payable to "Township of Evesham"

RECORD TYPE REQUESTED			
BIRTH <input type="checkbox"/>	Full Name of Child at Time of Birth		
	<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> First Middle Last </div>		
	Place of Birth		
	<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> City State County </div>		
	Full Name of Child's Parent <u>A</u> (parent's birth name given at <u>their</u> birth or on <u>their</u> birth certificate)		
	<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> First Middle Last </div>		
	Full Name of Child's Parent <u>B</u> (parent's birth name given at <u>their</u> birth or on <u>their</u> birth certificate)		
	<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> First Middle Last </div>		
If Child's name was changed:			
New Name _____		Describe Change _____	
Exact Date of Birth:		No. of Requested Copies:	
_____ / _____ / _____			

MARRIAGE <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> DOMESTIC PARTNERSHIP <input type="checkbox"/>	Full Name of Spouses (name given at birth or on birth certificate / Maiden Name)		
	Spouse <u>A</u> : First _____ Middle _____ Last _____		
	Spouse <u>B</u> : First _____ Middle _____ Last _____		
	Place where ceremony occurred:		
	<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> City State County </div>		
	Date of Ceremony:		No. of Requested Copies:
_____ / _____ / _____			

DEATH <input type="checkbox"/>	Name of Decedent:		
	<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> First Middle Last </div>		
	Place of Death:		
	<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> City State County </div>		
	Name of Decedent's Parents: (birth name given at their birth or on birth certificate / Maiden Name)		
	Parent <u>A</u> First _____ Middle _____ Last _____		
	Parent <u>B</u> First _____ Middle _____ Last _____		
	Date of Death:		No. of Requested Copies:
_____ / _____ / _____			

FOR OFFICE USE ONLY			
Payment Type:	Payment Amount:	ID Viewed	Processed By
Cash /Check # _____	\$ _____	D.L.# & State Passport # & Country Other _____	
CERTIFICATE # (s)			