59 South White Horse Pike
Berlin, New Jersey 08009
(856) 767-7777 x303/304
Hours: M-F 8:30 a.m. – 4:30 p.m.

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

☐ *Certified Copy* ☐ Certified Copy for an Apostille Seal ☐ *Certification*	Requestor's Relationship to Person on Record. *(proof is required for certified copy)*	Requestor's Signature Date *(of request)* / /

Name of Requestor *First* *Middle* *Last*	Reasons for Request ☐ Passport ☐ Driver's License ☐ School / Sports ☐ Veterans' Benefits ☐ Social Security Card / Benefits ☐ Medicare ☐ Welfare / Disability ☐ Other:
Current Mailing Address *(must match address on ID)* *Street* *City* *State* *Zip Code*	
Email Address @	Daytime Phone Number ( ) -

☐ BIRTH

Child's Name at Birth	*First*	*Middle*	*Last*	
No. Requested Copies	Place of Birth *City* *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 ☐ CIVIL UNION ☐ DOMESTIC PARTNERSHIP

No. Requested Copies	Place of Event *City* *State*	County	Date of Event / /
Name of Spouses *(name given at birth or on birth certificate / Maiden Name)* Spouse A *First* *Middle* *Last* Spouse B *First* *Middle* *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 required information?

☐ Completed Application
☐ Payment
☐ Proof of Relationship
☐ Acceptable Forms of ID
☐ Mailing Address Matches ID

REG-37a
SEP 17

FOR STATE USE ONLY			
Payment Type: ☐ Cash ☐ M/O ☐ Check ☐ Waived	Amount: $	☐ ID Viewed	Processed By: