Borough of Englishtown Vital Statistics and Registry 15 Main Street Englishtown, NJ 07726

APPLICATION FOR A <u>NON-GENEALOGICAL</u> 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 | | | | Passport Driver's License | | |
| Last | | | | School / Sports Veterans' Benefits Social Security Card / Benefits Medicare | | |
| Current Mailing Address (must match address on ID) | | | | | | |
| Street | | | | | | |
| City | State ZIp Code | | | Welfare / Disability | | |
| Email Address | | | Daytime Phone Number | Other: | | |
| | @ . | | () - | | | |
| BIRTH | | ** | | | | |
| Child's Name at Birth | irth First Middle | | | | Last | |
| No. Requested Copies | Place of Birth | | | County | Date of Birth | |
| | City | | State | | / / | |
| 1 | S (name given at birth or on bi | th certifi | cate / Malden Name) | | | |
| Parent A First Middle Lost | | | | | | |
| Parent B First Middle Last | | | | | | |
| If Child's name was cha | anged: | | | | | |
| New Name | - 1,500,000 (10 to 10 to | | Describe Change | · | | |
| MARRIAGE | | CIVIL I | JNION | DOMESTIC | PARTNERSHIP | |
| No. Requested Copies | | | | County | Date of Event | |
| | City | | State | | | |
| Name of Spouses (name given at birth or on birth certificate / Maiden Name) Spouse A First Middle Last | | | | | | |
| Spouse A First Spouse B First | | | | Last Last | | |
| Spouse D 17/3t | BOOKER CONTROL OF THE | Middle | | 2030 | | |
| ☐ DEATH | | | | | | |
| Name of Decedent | First | | Middle | Last | | |
| No. Requested Copies | Place of Death | | | County | Date of Death | |
| | City | | State | | / / | |
| Name of Decedent's P | arents (name given at birth o | r on birth | certificate / Maiden Name) | | | |
| Parent A First | | Middle | | Last | • | |
| Parent B First | | Middle | | Last | | |
| Have you enclosed an required information | | | Completed Application Payment FOR STATE USE ONLY | Acce | f of Relationship ptable Forms of ID ng Address Matches ID | |
| REG-37a Payment Typ | e• □ Cash □ M/O □ Check | □Waive | | □ ID Viewed P | rocessed By: | |