

**APPLICATION FOR COPY OF A CERTIFIED VITAL RECORD  
TOWNSHIP OF PITTSBORO  
989 CENTERTON ROAD  
PITTSBORO, NJ 08318**

**CHARLET CHEESEMAN, REGISTRAR OF VITAL STATISTICS  
856/358-2300 EXT 20  
HOURS: MONDAY – FRIDAY  
9:00 AM – 11:00 AM & 1:30 PM – 4:15 PM**

Name of Applicant <i>(Nombre de Apicante)</i>			Relationship to person on record (Proof is required if certified copy requested.) <i>[Relación al individuo (Prueba es requerida para copia certificada.)]</i>		Reasons for Request: <i>(Motivo de solicitud)</i> <input type="checkbox"/> Passport <i>(Pasaporte)</i> <input type="checkbox"/> Driver's License <i>(Licencia de Conducir)</i> <input type="checkbox"/> School/Sports <i>(Escuela/Deportes)</i> <input type="checkbox"/> Veterans' Benefits <i>(Beneficios veteranos)</i> <input type="checkbox"/> Social Security Card <i>(Tarjeta Seguro Social)</i> <input type="checkbox"/> Social Security Disability <i>(SSI / Incapacidad)</i> <input type="checkbox"/> Other SS Benefits <i>(Otros beneficios de seguro social)</i> <input type="checkbox"/> Medicare <i>(Medicare)</i> <input type="checkbox"/> Welfare <i>(Asistencia Pública)</i> <input type="checkbox"/> Other <i>(Otro)</i>
Current Mailing Address <i>(Must Match address on ID)</i> <i>[Dirección Postal (Debe coincidir con identificación)]</i>					
City <i>(Ciudad)</i>	State <i>(Estado)</i>	Zip Code <i>(Codigo Postal)</i>	Daytime Telephone Number <i>(Número Telefónico)</i>		
Applicant's Signature <i>(Firma del Apicante)</i>			Date of Application <i>(Fecha)</i>		

<input type="checkbox"/> BIRTH <i>(NACIMIENTO)</i>	Full Name of Child at Time of Birth <i>(Nombre Completo al Nacer)</i>		No. Requested Copies <i>(No. de Copias)</i>
	Place of Birth (City, Town) <i>[Lugar de Nacimiento (Ciudad, Pueblo)]</i>	County <i>(Condado)</i>	Exact Date of Birth <i>(Fecha de Nacimiento)</i>
	Child's Mother's Full Maiden Name <i>(Nombre completo de soltera de la Madre)</i>		Child's Father's Name (if on record) <i>[Nombre del Padre (si esta registrado)]</i>
	If the Child's Name was Changed, Indicate New Name and How it was Changed: <i>(Si el nombre del niño fue cambiado, indique el nuevo nombre y como fue cambiado):</i>		
<input type="checkbox"/> MARRIAGE <i>(MATRIMONIO)</i>	Name of Husband/ Partner <i>(Nombre de Esposo/Pareja)</i>		No. Requested Copies <i>(No. de Copias)</i>
	Maiden Name of Wife/ Partner <i>(Nombre Soltera de Esposa/Pareja)</i>		Exact Date of Event <i>(Fecha Exacta del Evento)</i>
			County <i>(Condado)</i>
<input type="checkbox"/> CIVIL UNION <i>(UNIÓN CIVIL)</i>			
<input type="checkbox"/> DOMESTIC PARTNERSHIP <i>(SOCIEDAD DOMÉSTICA)</i>			
<input type="checkbox"/> DEATH <i>(DEFUNCIÓN)</i>	Name of Deceased <i>(Nombre del Fallecido)</i>		Social Security Number (See Note) <i>[Número de Seguro Social (Ver Índice)]</i>
	Exact Date of Death <i>(Fecha Exacta del Evento)</i>		No. Requested Copies <i>(No. de Copias)</i>
	Place of Event (City/Town) <i>[Lugar del Evento (Ciudad, pueblo)]</i>		County <i>(Condado)</i>
	Maiden Name of Deceased Individual's Mother <i>(Nombre Soltera de la Madre)</i>		Name of Deceased Individual's Father <i>(Nombre del Padre)</i>

**Application Check List: Have you enclosed and completed all required information?**  
***(Lista Comprobada: ¿A Usted Incluido y Completado Toda la Información Requerida en la Aplicación?)***

- All Items on Application *(Todo Artículos en la Aplicación)*    
  Payment *(Pago)*    
  Acceptable Forms of ID *(Identificación Aceptable)*    
  Proof of Relationship *(Prueba de Parentesco)*    
  Mailing Address Matches ID *(Dirección Postal Coincidente con ID)*

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/ Date
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CERTIFIED COPY # 'S \_\_\_\_\_



# Township of Pittsgrove

989 Centerton Road  
Pittsgrove, New Jersey 08318  
[www.pittsgrovetownship.com](http://www.pittsgrovetownship.com)

*Office of the Registrar of Vital Statistics*

Telephone:  
(856) 358-2300  
Ext. 20

Facsimile:  
(856) 358-3055

## INSTRUCTIONS FOR APPLYING FOR A COPY OF A CERTIFIED VITAL RECORD

**\*\* PLEASE CALL OR E-MAIL TO VERIFY YOUR MARRIAGE LICENSE OR OTHER VITAL RECORD (Such As: HOME BIRTH OR DEATH) IS ON FILE BEFORE YOU MAIL THE COMPLETED APPLICATION AND FEE(S) \*\***

**CERTIFIED COPIES** have 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.

Applications for a certified copy of a record require the applicant to provide a completed application, valid proof of identity (1), payment of the fee (2) and proof that establishes who you are:

- The subject of the record
- The subjects parent, legal guardian, or legal representative
- The subjects spouse/civil union partner, domestic partner, child, grandchild, or sibling , if of legal age
- A state or federal agency for official purposes, or
- Pursuant to a court order

**NOTE:** If you are not the subject or subject's parent, **proof must be sent to verify relationship**. If your name has changed due to marriage, a copy of your marriage license is required.

Applications filed in person will require the applicant to provide the original of the above documents. Whereas, applications filed by mail will require the application to provide copies of the documents.

### **MAIL REQUESTS WILL ONLY BE MAILED TO THE ADDRESS THAT IS ON THE ID.**

The Township of Pittsgrove Office of Vital Statistics accepts walk-in applications in the Municipal Building, 989 Centerton Road, Pittsgrove, NJ 08318. Office hours are 9:00 a.m. – 11:00 a.m. and 1:30 p.m. – 4:15 p.m.,  
Monday – Friday, excluding State holidays

1. Valid photo driver's license or photo non-driver's license with current address or valid driver's license without photo and an alternate form of ID with current address or two (2) alternate forms of ID, one of which must show the current address. Alternate forms of ID are: vehicle insurance card, voter registration, US/foreign passport, green cards, VIS, Federal/State ID, county ID, school ID, utility bill (within the previous 90 days), bank statement (within the previous 90 days) or W-2 tax return for current or previous year.
2. The fee for the search and resulting record is \$20.00 per copy for a birth, civil union, domestic partnership, marriage or death. Mail requests or requests made in the office are payable by cash, check or money order—**no debit or credit cards accepted**. Please make the check payable to: Township of Pittsgrove.
3. Send a self-addressed, stamped, business size (#10) envelope making sure the mailing address is the same on the ID noted in #1 above.

**SEE REVERSE SIDE FOR APPLICATION**