

BOROUGH OF NATIONAL PARK

7 South Grove Avenue

National Park, NJ 08063

Phone 856-845-3891 · Fax 856-845-0726 · www.nationalparknj.com**APPLICATION FOR A CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD**

A Certification of a vital record event is issued to those individuals with a distant or no relationship to the individual(s) listed on the vital record. It is issued for information purposes

A Certified Copy of a vital record event is issued to those individuals who have a direct link to the individual(s) named on the vital record event, as identified in Governor McGreevey's Executive order #18, provided that the requestor is able to identify the vital record and

**PLEASE TYPE OR PRINT CLEARLY! ALL ITEMS ARE REQUIRED UNLESS NOTED OTHERWISE,
PROOF OF IDENTITY IS REQUIRED. DO NOT MAIL CASH.**

| | | | | |
|--|---|--|---|---|
| Name of Applicant | | Relationship to Person Named on Requested Record | | Why is record being requested? <input type="checkbox"/> Passport <input type="checkbox"/> Driver License <input type="checkbox"/> School/Sports <input type="checkbox"/> Social Security Card <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Other Soc. Sec. Benefits <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Genealogy <input type="checkbox"/> Other: |
| Street Address | | Telephone Number | | |
| City | State | Zip | Date of Application | |
| Signature of Applicant | | | | |
| B I R T H | Full Name of Child at Birth | | | No. of Copies Requested |
| | Place of Birth (City, Town or Township) | | | Country |
| | Exact Date of Birth | Name of Hospital | | |
| | Mother's Full Maiden Name | | Father's Name (if recorded on the record) | |
| | If Child's Name was Changed, indicate New Name and How it Was Changed | | | |
| M A R R I A G E | Name of Husband | | | No. of Copies Requested |
| | Maiden Name of Wife | | | Exact Date of Marriage |
| | Place of Marriage (City, Town, Township) | | | Country |
| D P O A M R E S I D E N T I C Y | Name of Partner | | | No. of Copies Requested |
| | Name of Partner | | | Exact Date Registered |
| | Place Where Domestic Partnership Registered (City, Town, Township) | | | Country |
| D E A T H | Name of Deceased | | | No. of Copies Requested |
| | Exact Date of Death | Place of Death (City, Town, Township) | | Country |
| | Mother's Full Maiden Name | | Father's Name (if recorded on the record) | |

DO NOT use this form to request a Certified copy of a Certificate of Birth Resulting in Stillbirth. Go to the State of New Jersey web site:
<http://web.doh.state.nj.us/apps2/forms/subforms.aspx?pro=vital>

Births occurring over 80 years ago, marriages occurring over 50 years ago and deaths occurring over 40 years ago are considered genealogical and therefore exact information is not required. You may provide only the name of the individual recorded on the vital record, the country where the event occurred and the year the event occurred.

The following to be completed by the Borough of National Park

| | | | |
|--|-----------------------|------------|---------------|
| 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: |
|--|-----------------------|------------|---------------|