

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 E	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:
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