

BOROUGH OF JAMESBURG
Vital Statistics and Registration

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

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, and provided that the requestor is able to identify the vital record and can provide proof of his identity and relationship. A Certified Copy will contain the raised seal of the Borough of Jamesburg and can be used for legal or identification purposes.

PLEASE TYPE OR PRINT CLEARLY! ALL ITEMS ARE REQUIRED UNLESS NOTED OTHERWISE.* PROOF OF IDENTITY IS REQUIRED.

Name of Applicant:	Relationship to Person Named on Requested Record (Proof may be required.):		
Street Address:	City:	State:	Zip Code:
Telephone Number:	Signature of Applicant & Date:		

BIRTH	Full Name of Child at Time of Birth:	No. of Copies Requested:
Place of Birth (City, Town or Township):		County:
Exact Date of Birth:		Name of Hospital (Optional):
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:		

MARRIAGE CIVIL UNION	Name of Husband/Civil Union Partner:	No. of Copies Requested:
Maiden Name of Wife/Civil Union Partner:		Exact Date of Ceremony:
Place of Marriage/Civil Union (City, town or Township):		County:

DOMESTIC PARTNERSHIP	Name of Partner:	No. of Copies Requested:
Name of Partner:		Exact Date Registered:
Place Where Domestic Partnership Registered (City, Town or Township)		County:

DEATH	Name of Deceased:	Social Security No.:
Exact Date of Death:		Place of Death (City, town or Township):
Mother's Full Maiden Name:	Father's Name (if recorded on the record):	

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