

APPLICATION FOR CERTIFIED COPY OF VITAL DOCUMENT

Please **mail** your application to the Registrar's Office with required documentation and fee to obtain certified copies of vital documents. Your copies will be **mailed only** to your verified address within approximately one week; no window pick-ups allowed for security purposes.

REGISTRAR OF VITAL STATISTICS

47 BROAD STREET, EATONTOWN, NJ 07724

(732) 389-7601 (732) 389-7602 FAX

Visit us on the web at: clerk@eatontownnj.com

1. YOU **MUST** PROVIDE A **SELF-ADDRESSED STAMPED ENVELOPE** WITH YOUR REQUEST, OR YOUR REQUEST WILL BE REJECTED.
2. YOU MUST PROVIDE CHECK OR MONEY ORDER MADE PAYABLE TO THE BOROUGH OF EATONTOWN @ \$20.00 EACH for each VITAL RECORD
3. YOU MUST PROVIDE A COPY OF YOUR PHOTO DRIVER'S LICENSE WITH ADDRESS OR PHOTO NON-DRIVER'S LICENSE WITH ADDRESS ISSUED BY MOTOR VEHICLE AGENCY; **OR** PHOTO ID WITHOUT ADDRESS AND ONE ADDITIONAL FORM OF ID WITH ADDRESS; **OR** TWO ALTERNATE FORMS OF ID WITH ADDRESS (passport, green card, utility bill, non-photo driver's license, voter card, school ID, insurance card). **COPIES WILL ONLY BE MAILED TO THE ADDRESS WHICH IS VERIFIED BY YOUR ID.**

YOUR NAME: _____ PHONE: _____
ADDRESS: _____

PURPOSE CERTIFICATE IS NEEDED: _____ NUMBER OF COPIES REQUESTED: _____
RELATIONSHIP TO THE PERSON NAMED ON CERTIFICATE: _____
TYPE OF IDENTIFICATION PROVIDED (**MUST PROVE RELATIONSHIP**): _____
TODAY'S DATE: _____ YOUR SIGNATURE: _____

(check off what you are requesting, then provide the exact requested info)

BIRTH RECORD

NAME OF CHILD: _____
HOSPITAL/PLACE OF BIRTH: _____ DATE OF BIRTH: _____
MAIDEN NAME OF MOTHER: _____ FATHER'S NAME: _____

MARRIAGE RECORD

NAME OF GROOM: _____
MAIDEN NAME OF BRIDE: _____
PLACE OF MARRIAGE: _____ DATE OF MARRIAGE: _____

CIVIL UNION RECORD

NAME OF PARTY A: _____
NAME OF PARTY B: _____
PLACE OF CEREMONY: _____ DATE OF CEREMONY: _____

DOMESTIC PARTNERSHIP RECORD

NAME OF PARTNER A: _____
NAME OF PARTNER B: _____
ADDRESS: _____ DATE FILED: _____

DEATH RECORD

NAME OF DECEASED: _____ DATE OF DEATH: _____
MAIDEN NAME OF DECEASED'S MOTHER: _____
DECEASED'S FATHER'S NAME: _____ PLACE OF DEATH: _____

(To disclose Cause of Death, please sign this certification) I DO HEREBY AUTHORIZE THE ISSUANCE OF A DEATH RECORD FOR THE ABOVE NAMED INDIVIDUAL DISCLOSING THE CAUSE OF DEATH. I HEREBY CERTIFY THAT THE ABOVE INFORMATION SUPPLIED BY ME IS TRUE. I AM AWARE THAT I AM SUBJECT TO PUNISHMENT IF I HAVE FALSELY SUPPLIED THIS INFORMATION.

SIGNED BY: _____

(Registrar Use Only)

CERTIFICATE PROVIDED BY: _____ FEE: _____ DATE: _____
TYPE OF IDENTIFICATION PROVIDED: _____
APPLICATION REJECTED BECAUSE: _____

SECURITY POLICY FOR THE ISSUANCE OF VITAL DOCUMENTS

- NO WALK-INS FOR VITAL DOCUMENTS; ALL VITAL DOCUMENTS MUST BE APPLIED FOR, AND WILL ONLY BE MAILED TO YOUR ADDRESS IN AN EFFORT TO VERIFY IDENTITY. PROCESSING TIME IS APPROXIMATELY ONE WEEK.
- YOUR IDENTIFICATION ADDRESS MUST BE THE SAME AS YOUR MAILING ADDRESS.
- THE ONLY FORMS OF IDENTIFICATION ACCEPTED:
 1. PHOTO DRIVER'S LICENSE WITH ADDRESS; or
 2. PHOTO NON-DRIVER'S LICENSE WITH ADDRESS ISSUED BY MOTOR VEHICLE AGENCY; or
 3. PHOTO ID WITHOUT ADDRESS AND ONE ADDITIONAL FORM OF ID WITH ADDRESS;
or
 4. TWO ALTERNATE FORMS OF ID WITH ADDRESS (may be a passport, green card, utility bill, non-photo driver's license, voter card, school ID, insurance card, vehicle registration)
- YOU MUST PROVIDE A STAMPED, SELF-ADDRESSED ENVELOPE WITH YOUR REQUEST OR YOUR REQUEST WILL BE REJECTED.

THIS POLICY HAS BEEN INSTITUTED IN AN EFFORT TO COMPLY WITH EXECUTIVE ORDER #18 ISSUED BY THE GOVERNOR'S OFFICE ON 4/24/02 WHICH ADDRESSES MATTERS OF DOMESTIC SECURITY AND THE MISUSE OF VITAL RECORDS REGARDING SAME.

THE OFFICE OF THE STATE REGISTRAR MAY BE REACHED AT 609-292-4087 FOR ANY CLARIFICATION OF THE RULES AND PROCEDURES REGARDING VITAL DOCUMENTS.

ALL VITAL DOCUMENTS MAY BE OBTAINED AT THE NJ BUREAU OF VITAL STATISTICS IN TRENTON ON THE SAME DAY. IF YOU NEED A DOCUMENT IMMEDIATELY, PLEASE CALL THE ABOVE NUMBER FOR INSTRUCTIONS, OR GO TO THEIR WEBSITE AT www.state.nj.us/health/vital.