$10 Each for Certified Copy

Make check payable to: Township of Jackson

Township of Jackson
Vital Statistics and Registry
95 West Veterans Highway
Jackson, NJ 08527

APPLICATION FOR A <u>NON-GENEALOGICAL</u>
CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD

Certified Copy Certified Copy for an Apostille Seal Certification	*Requester's Relationship to Person on Record* *(proof is required for certified copy)*

Requester's Signature

Date *(of request)*

Name of Requestor

First _____ *Middle* _____

Last _____

Current Mailing Address *(must match address an ID/ Street)*

City _____ *State* ____ *Zip Code* _____

Email **Address** _____

Daytime Phone Number _____

Reasons for Request

Passport
Driver's License
School / Sports
Veterans Benefits
Social Security Card / Benefits
Medicare
Welfare / Disability
Other: _____

☐ **BIRTH**

Child's Name at Birth *First* _____ *Middle* _____ *Last* _____

No. Requested Copies	**Place of Birth**		**County**	**Date of Birth**
	City _____	*State* ____		

Name of Child's Parents *(name given at birth or on birth certificate/ Maiden Nome)*

Parent A *First* _____ *Middle* _____ *Last* _____

Parent B *First* _____ *Middle* _____ *Last* _____

If Child's name was changed:

New Name _____ *Describe Change* _____

MARRIAGE	☐ CIVIL UNION	☐ DOMESTIC PARTNERSHIP

No. Requested Copies	Place of Event		**County**	**Date of Event**
	City _____	*State* ____		

Name of Spouses *(name given at birth or on birth certificate/ Maiden Name)*

Spouse A *First* _____ *Middle* _____ *Last* _____

Spouse B *First* _____ *Middle* _____ *Last* _____

☐ **DEATH**

Name of Decedent *First* _____ *Middle* _____ *Last* _____

No. Requested Copies	**Place of Death**		**County**	**Date of Death**
	City _____	*State* ____		

Name of Decedent's Parents *(name given at birth or on birth certificate /Maiden Name)*

Parent A *First* _____ *Middle* _____ *Last* _____

Parent B *First* _____ *Middle* _____ *Last* _____

<u>**Have you enclosed and completed all required information?**</u>

Completed Application
Payment

Proof of Relationsip
Acceptable Forms of ID
Mailing Address Matches ID

REG-37a
SEP 17

Payment Type: ☐ Cash ☐ M/O ☐ Check ☐ Waived	**Amount:** $	☐ ID Viewed	**Processed By:**