



BOROUGH OF STONE HARBOR

9508 Second Avenue

Stone Harbor, NJ 08247

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

A Certified Copy of a vital record is issued to those individuals who have a direct link to the individual(s) named on the vital record event, provided that the requestor is able to identify the vital record. A Certified Copy will contain the raised Great Seal of the State of New Jersey and can be used for legal or identification purposes.

Please Print or Type. All Items Are Required Unless Noted Otherwise* Proof of Identity Is Required. Make Check or Money Order Payable to "Borough of Stone Harbor." The Fee for a Certified Copy is \$10.00 per copy.

Name of Applicant			Relationship to Person Named on Requested Record	Why is Record being Requested? <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> School/Sports <input type="checkbox"/> Social Security Card <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Other Social Security Benefits <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Genealogy <input type="checkbox"/> Other (specify)
Street Address			Telephone Number	
City	State	Zip Code	Date of Application	
Signature of Applicant			Number of Copies Requested:	

<input type="checkbox"/> Birth	Full Name of Child at Time of Birth		
	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)
	Child's Name Was Changed, Indicate New Name and How It Was Changed		

<input type="checkbox"/> Civil Union <input type="checkbox"/> Marriage	Name of Husband/Civil Partner		
	Maiden Name of Wife/Civil Union Partner		Exact Date of Ceremony
	Place of Marriage/Civil Union (City, Town or Township)		County

<input type="checkbox"/> Death	Name of Deceased		
	Exact Date of Death		
	Place of Death (City, Town or Township)		County
	Mother's Full Maiden Name		Father's Name (if recorded on the record)

FOR OFFICIAL USE ONLY

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:
		Paper No.	