

APPLICATION FOR CERTIFIED COPY OF VITAL RECORD

THERE IS A NON-REFUNDABLE FEE OF FIFTEEN DOLLARS (\$15.00), FOR THE SEARCH OF A BIRTH, DEATH, MARRIAGE, CIVIL UNION OR DOMESTIC PARTNER CERTIFICATE, WHEN CORRECT INFORMATION IS SUPPLIED IN ADVANCE OF THE SEARCH.

PLEASE MAKE CHECK PAYABLE TO: "TOWNSHIP OF TOMS RIVER" . PLEASE INCLUDE "S.A.S.E." , WHEN SENDING THROUGH THE MAIL.

****WHO CAN REQUEST COPY****

****A State or Local Registrar may issue a certified copy of a vital record only to persons who establish themselves as the subject of the vital record, the subject's parent, legal guardian or legal representative, spouse, child, grandchild or sibling, if of legal age.**

*****IDENTIFICATION REQUIREMENTS*****

*****All mail requests must include a copy of your valid photo driver's license with current address or two alternate forms of ID with your current address. Acceptable types of alternate identification are: valid current non-photo driver's license, vehicle registration, insurance card, voter registration card, passport, green card, county ID, current school ID, and utility bill. You must include proof of your relationship to the individual listed on the certificate you are requesting, unless it is a request for your own record. Over-the-counter customers must have these original identifications in their possession when filing an application.**

Name of Applicant <i>(Nombre de Apicante)</i>			Relationship to person on record (Proof is required if certified copy requested.) <i>(Relación al individuo (Prueba es requerida para copia certificada.))</i>		Reasons for Request: <i>(Motivo de solicitud)</i> <input type="checkbox"/> Passport <i>(Pasaporte)</i> <input type="checkbox"/> Driver's License <i>(Licencia de Conducir)</i> <input type="checkbox"/> School/Sports <i>(Escuela/Deportes)</i> <input type="checkbox"/> Veterans' Benefits <i>(Beneficios veteranos)</i> <input type="checkbox"/> Social Security Card <i>(Tarjeta Seguro Social)</i> <input type="checkbox"/> Social Security Disability <i>(SSI / Incapacidad)</i> <input type="checkbox"/> Other SS Benefits <i>(Otros beneficios de seguro social)</i> <input type="checkbox"/> Medicare <i>(Medicare)</i> <input type="checkbox"/> Welfare <i>(Asistencia Pública)</i> <input type="checkbox"/> Other <i>(Otro)</i>
Current Mailing Address <i>(Must Match address on ID)</i> <i>(Dirección Postal (Debe coincidir con identificación))</i>					
City <i>(Ciudad)</i>	State <i>(Estado)</i>	Zip Code <i>(Codigo Postal)</i>	Daytime Telephone Number <i>(Número Telefónico)</i>		
Applicant's Signature <i>(Firma del Apicante)</i>			Date of Application <i>(Fecha)</i>		

<input type="checkbox"/> BIRTH <i>(NACIMIENTO)</i>	Full Name of Child at Time of Birth <i>(Nombre Completo al Nacer)</i>		No. Requested Copies <i>(No. de Copias)</i>
	Place of Birth (City, Town) <i>[Lugar de Nacimiento (Ciudad. Pueblo)]</i>	County <i>(Condado)</i>	Exact Date of Birth <i>(Fecha de Nacimiento)</i>
	Child's Mother's Full Maiden Name <i>(Nombre completo de soltera de la Madre)</i>		Child's Father's Name (if on record) <i>[Nombre del Padre (si esta registrado)]</i>
	If the Child's Name was Changed, Indicate New Name and How it was Changed: <i>(Si el nombre del niño fue cambiado, indique el nuevo nombre y como fue cambiado):</i>		
<input type="checkbox"/> MARRIAGE <i>(MATRIMONIO)</i> <input type="checkbox"/> CIVIL UNION <i>(UNIÓN CIVIL)</i> <input type="checkbox"/> DOMESTIC PARTNERSHIP <i>(SOCIEDAD DOMÉSTICA)</i>	Name of Husband/ Partner <i>(Nombre de Esposo/Pareja)</i>		No. Requested Copies <i>(No. de Copias)</i>
	Maiden Name of Wife/ Partner <i>(Nombre Soltera de Esposa/Pareja)</i>		Exact Date of Event <i>(Fecha Exacta del Evento)</i>
	Place of Event (City, Town) <i>[Lugar del Evento (Ciudad. Pueblo)]</i>		County <i>(Condado)</i>
<input type="checkbox"/> DEATH <i>(DEFUNCIÓN)</i>	Name of Deceased <i>(Nombre del Fallecido)</i>	Social Security Number <i>(See Note)</i> <i>[Número de Seguro Social (Ver Índice)]</i>	No. Requested Copies <i>(No. de Copias)</i>
	Exact Date of Death <i>(Fecha Exacta del Evento)</i>	Place of Event (City/Town) <i>[Lugar del Evento (Ciudad, pueblo)]</i>	County <i>(Condado)</i>
	Maiden Name of Deceased Individual's Mother <i>(Nombre Soltera de la Madre)</i>		Name of Deceased Individual's Father <i>(Nombre del Padre)</i>