Borough of Woodstown
Office of Vital Statistics
P.O. Box 286
Woodstown, NJ 08098

# APPLICATION FOR A NON-GENEALOGICAL CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD

| | | |
|---|---|---|
| ☐ *Certified Copy*<br>☐ **Certified Copy** for an **Apostille Seal**<br>☐ *Certification* | **Requestor's Relationship to Person on Record**<br>*(proof is required for certified copy)* | **Requestor's Signature**<br><br>**Date** *(of request)* / / |
| **Name of Requestor**<br>*First* *Middle*<br>*Last* | | **Reasons for Request**<br>☐ Passport<br>☐ Driver's License<br>☐ School / Sports<br>☐ Veterans' Benefits<br>☐ Social Security Card / Benefits<br>☐ Medicare<br>☐ Welfare / Disability<br>☐ Other:<br>_____ |
| **Current Mailing Address** *(must match address on ID)*<br>*Street*<br>*City* *State* *Zip Code* | | |
| **Email Address**<br>@ . | **Daytime Phone Number**<br>( ) - | |

## ☐ BIRTH

| | | | |
|---|---|---|---|
| **Child's Name at Birth** | *First* *Middle* *Last* | | |
| **No. Requested Copies** | **Place of Birth**<br>*City* *State* | **County** | **Date of Birth**<br>/ / |
| **Name of Child's Parents** *(name given at birth or on birth certificate / Maiden Name)* | | | |
| **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**<br>*City* *State* | **County** | **Date of Event**<br>/ / |
| **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**<br>*City* *State* | **County** | **Date of Death**<br>/ / |
| **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* | | | |

**Have you enclosed and completed all required information?**

☐ Completed Application
☐ Payment
☐ Proof of Relationship
☐ Acceptable Forms of ID
☐ Mailing Address Matches ID

REG-37a
SEP 17

| FOR STATE USE ONLY | | | |
|---|---|---|---|
| **Payment Type:** ☐ Cash ☐ M/O ☐ Check ☐ Waived | **Amount:** $ | ☐ **ID Viewed** | **Processed By:** |