

**Township of Marlboro
1979 Township Drive
Marlboro, New Jersey 07746**

(732) 536-0200

Fax: (732) 536-9652

FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE (PLEASE PRINT)

NAME ON RECORD: _____

EXACT DATE OF BIRTH: _____

PLACE OF BIRTH: _____

MAIDEN NAME OF MOTHER: _____

NAME OF FATHER: _____

FOR A CERTIFIED COPY OF A MARRIAGE/CIVIL UNION CERTIFICATE (PLEASE PRINT)

EXACT DATE OF CEREMONY: _____

NAME OF HUSBAND/PARTNER: _____

MAIDEN NAME OF WIFE/PARTNER: _____

PLACE OF MARRIAGE/CIVIL UNION: _____

FOR A CERTIFIED COPY OF A DEATH CERTIFICATE (PLEASE PRINT)

NAME OF DECEASED: _____

EXACT DATE OF DEATH: _____

MOTHER'S FULL MAIDEN NAME: _____

FATHER'S FULL NAME: _____

PLACE OF DEATH: _____

FOR A CERTIFIED COPY OF A DOMESTIC PARTNERSHIP (PLEASE PRINT)

DATE OF DOMESTIC PARTNERSHIP: _____

NAME OF APPLICANT A: _____

MAIDEN NAME OF APPLICANT B: _____

PLACE OF DOMESTIC PARTNERSHIP: _____

