

**Marlboro Township
Office of Vital Statistics
1979 Township Drive
Marlboro, New Jersey 07746**

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

Name of Applicant:		Relationship to person on record (Proof of relationship is required.)	Reason for Request: <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> School/Sports <input type="checkbox"/> Veterans' Benefits <input type="checkbox"/> Social Security Card <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Other SS Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Other _____
Current Mailing Address: <i>(MUST MATCH ADDRESS ON ID)</i>			
City:	State:	Zip Code:	Daytime Telephone Number:
Applicant's Signature:		Date of Application:	

<input type="checkbox"/> BIRTH	Full Name of Child at Time of Birth		No. Requested Copies
	Place of Birth (City, Town)		Exact Date of Birth
	Full Name of Child's Parent A <i>(List name given at birth or on birth certificate)</i>	Full Name of Child's Parent B (if on record) <i>(List name given at birth or on birth certificate)</i>	
<input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> DOMESTIC PARTNERSHIP	Full Name of Spouse A/Partner A <i>(List name given at birth or on birth certificate)</i>		No. Requested Copies
	Full Name of Spouse B/Partner B <i>(List name given at birth or on birth certificate)</i>		Exact Date of Event
	Place of Event (City, Town)		
<input type="checkbox"/> DEATH	Full Name of Deceased Individual		No. Requested Copies
	Exact Date of Death	Place of Event (City, Town)	
	Full Name of Deceased Individual's Parent A <i>(List name given at birth or on birth certificate)</i>		
	Full Name of Deceased Individual's Parent B <i>(List name given at birth or on birth certificate)</i>		

Application Check List: Have you enclosed and completed all required information?

- All Items on Application
- Payment of **\$15.00 per Copy** (Check or Money Order made payable to "Marlboro Township")
- Acceptable Form of Photo ID
- Proof of Relationship
- Self-Addressed, Stamped Envelope
- Mailing Address Matches ID

FOR TOWNSHIP USE ONLY

Payment Type: <input type="checkbox"/> Money Order <input type="checkbox"/> Check # _____	Payment Amount: \$ _____	ID Viewed:	Processed By:	Date Processed:
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