

APPLICATION FOR Certified Copy of Vital Record

City of Somers Point, 1 W. New Jersey Ave.

Phone: 609-927-9088

Somers Point, NJ 08244

Fax: 609-926-3016

| | | | | | | |
|--|--|--|---|--|---------------|-------------|
| | YOUR Relationship to individual on requested record: | Purpose Needed | | | | |
| Your Name | <input type="checkbox"/> Self <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Fun. Dir. <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Rep. <input type="checkbox"/> Other _____ | <input type="checkbox"/> Passport <input type="checkbox"/> School/Sports <input type="checkbox"/> SS.Card <input type="checkbox"/> SS Disability <input type="checkbox"/> Other SS Ben. <input type="checkbox"/> Veteran Ben. <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Genealogy <input type="checkbox"/> Motor Veh. <input type="checkbox"/> Other | | | | |
| Your Address | | | | | | |
| City State Zip Code | | | | | | |
| | | | | | | |
| Signature | | | | | | |
| Telephone Number | Date of Application | | | | | |
| B I R T H | Full Name at time of Birth | | | | | |
| | First | Middle | Last | | | |
| | Date of Birth: | Number of Copies Requested: | If name was changed, indicate new name and how it was changed: | | | |
| | Month Day Year | | | | | |
| | Mother's Full MAIDEN Name | | Father's Full Name (If on birth record) | | | |
| | First | Middle | Last | First | Middle | Last |
| > C H E C K O N E | <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DOMESTIC PARTNERSHIP <input type="checkbox"/> CIVIL UNION | | | | | |
| | Name of Husband/Partner A | | Maiden Name of Wife/Partner B | | | |
| | First | Middle | Last | First | Middle | Last |
| | Date of Marriage/Domestic Partnership/Civil Union | | | Number of Copies Requested: | | |
| | Month | Day | Year | | | |
| D E A T H | Name of Deceased: | | | Number of Copies Requested: | | |
| | First | Middle | Last | Date of Death: | | |
| | Mother's Maiden Name | | | Father's Name (If recorded on record) | | |
| | First | Middle | Last | First | Middle | Last |
| Payment Amount: | | ID Viewed: | | Processed By: | | |

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