

1180 Route 40
Pilesgrove, New Jersey 08098



Phone: (856) 769-3222
Fax: (856) 769-5490

APPLICATION FOR CERTIFIED COPY OF VITAL RECORD

Please print or type all information.

Name of Applicant _____ Date of Application _____

Street Address _____ City _____

State and Zip Code _____ Telephone _____

Relationship to Person Named in Requested Record _____

Why is a Certified Copy being requested? _____

DEATH:

Name of Deceased _____

Place of Death (City and County) _____

Date of Death _____

Father's Name _____

Mother's Maiden Name _____

Residence _____ Age at Death _____

Number of Copies Requested _____

Fee: \$5.00 for the first certified copy
\$2.00 for each additional copy.

If you are requesting this record by mail, you must send a money order. This Office does not accept personal checks.

If you are requesting this record by mail, you must include a copy of a photo ID showing address, or a photo ID without address and one other form of ID showing shipping address, or 2 alternate forms of ID showing shipping address.