Township of Pilesgrove 1180 Route 40 Pilesgrove, NJ 08098

APPLICATION FOR A <u>NON-GENEALOGICAL</u> CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD

Certified Copy		Requestor's Relationship to Person on Record		Requestor's S	Requestor's Signature	
Certified Copy for an Apostille Seal		(pro	oof is required for certified copy,	}		
Certification				Date (of request,) / /	
Name of Requestor					Reasons for Request	
First Middle				Passport	Passport Driver's License	
Last				School / Sports		
Current Mailing Address (must match address on ID) Veterans' Benefits Social Security Card / Benefits						
Street				I ===	Medicare	
City State		Zip Code		Welfare / Disability Other:		
Email Address			Daytime Phone Number	Other:		
	@ .		() -			
BIRTH						
Child's Name at Birth	id's Name at Birth First Middle		Middle	Last		
No. Requested Copies	Place of Birth			County	Date of Birth	
	City		State			
Name of Child's Parents (name given at birth or on birth certificate / Maiden Name)						
		Middle Middle		Last		
7 41 411				Last		
If Child's name was changed: New Name Describe Change						
MARRIAGE CIVIL UNION DOMESTIC PARTNERSHIP						
MARRIAGE No. Participation Consider		ivit u	·	County	Date of Event	
No. Requested Copies	City		State	Courty	/ /	
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	J. J		County	Date of Death	
	City		State		/ /	
Name of Decedent's Parents (name given at birth or on birth certificate / Malden Name)						
Parent A First	ı	Middle		Last		
Parent B First	1	Middle		Last		
Have you enclosed and completed all Completed Application Proof of Relationship required information? Payment Acceptable Forms of ID						
Mailing Address Matches ID						
REG-37a SEP 17 Payment Type:	: □ Cash □ M/O □ Check □ \	Waived	FOR STATE USE ONLY Amount: \$	□ ID Viewed Pro	ocessed By:	