

City of Asbury Park
 Vital Statistics and Registry
 1 Municipal Plaza, Asbury Park, NJ 07712
 732-502-5720

\$15.00 per copy

APPLICATION FOR A NON-GENEALOGICAL
 CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD

<input type="checkbox"/> <i>Certified Copy</i> <input type="checkbox"/> <i>Certified Copy for an Apostille Seal</i> <input type="checkbox"/> <i>Certification</i>	Requestor's Relationship to Person on Record <i>(proof is required for certified copy)</i>	Requestor's Signature
		Date (of request) / /
Name of Requestor First Middle Last Last		Reasons 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 / Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare / Disability <input type="checkbox"/> Other: _____
Current Mailing Address (must match address on ID) Street City State Zip Code		
Email Address @	Daytime Phone Number () -	

<input type="checkbox"/> BIRTH			
Child's Name at Birth	First Middle Last	Last	
No. Requested Copies	Place of Birth City Asbury Park State New Jersey	County Monmouth	Date of Birth / /
Name of Child's Parents (name given at birth or on birth certificate / Maiden Name) Parent A First Middle Last Parent B First Middle Last			
If Child's name was changed: New Name Describe Change			

<input type="checkbox"/> MARRIAGE		<input type="checkbox"/> CIVIL UNION		<input type="checkbox"/> DOMESTIC PARTNERSHIP	
No. Requested Copies	Place of Event City Asbury Park State New Jersey	County Monmouth	Date of Event / /		
Name of Spouses (name given at birth or on birth certificate / Maiden Name) Spouse A First Middle Last Spouse B First Middle Last					

<input type="checkbox"/> DEATH					
Name of Decedent	First Middle Last	Last			
No. Requested Copies	Place of Death City Asbury Park State New Jersey	County Monmouth	Date of Death / /		
Name of Decedent's Parents (name given at birth or on birth certificate / Maiden Name) Parent A First Middle Last Parent B First Middle Last					

Have you enclosed and completed all required information?

- Completed Application
- Proof of Relationship
- Payment
- Acceptable Forms of ID
- Mailing Address Matches ID

REG-37a
 SEP 17

FOR STATE USE ONLY			
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Amount: \$	<input type="checkbox"/> ID Viewed	Processed By: