

*Alloway Township  
Office of Vital Statistics  
49 South Greenwich Street  
P.O. Box 425  
Alloway, NJ 08001-0425  
(856) 935-4080*

**FEES:** *(cash only)*

Certified copy of Birth Certificate	\$10.00 each
Certified copy of Marriage Certificate	\$10.00 each
Certified copy of Death Certificate	\$10.00 each
Additional copies of Death Certificate	\$4.00 each

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

**REQUIRED IDENTIFICATION:**

If you are requesting this record by mail, you must include a copy of photo ID showing address which must match your address provided above,

OR

a photo ID without address and one other form of ID showing your address provided above,

OR

two (2) alternate forms of ID (such as bank statement, utility bill, etc.) showing your address provided above.

**APPLICATION CHECK LIST:**

*Have you enclosed and completed all required information?*

- All Items on Application
- Payment
- Acceptable Forms of ID
- Proof of Relationship
- Mailing Address Matches ID

***\*\*\*SEE REVERSE SIDE FOR APPLICATION\*\*\****

APPLICATION FOR A NON-GENEALOGICAL CERTIFICATION  
OR CERTIFIED COPY OF A VITAL RECORD  
APLICACIÓN PARA COPIAS CERTIFICADAS Ó  
CERTIFICACIONES DE REGISTROS CIVILES NO-ANCESTRO

<input type="checkbox"/> I would like a <b>Certified Copy.</b> (Quiero una copia certificada.) <input type="checkbox"/> I will be forwarding the <b>Certified Copy</b> for an <b>Apostille Seal.</b> (Enviaré esta copia certificada para ser Apostillada.) <input type="checkbox"/> I would like a <b>Certification.</b> (Quiero una certificación.)		Preferred format (if available): (Prefiero): <input type="checkbox"/> Computer-Generated copy of original. (Copia del Original-Generado por Computadora) <input type="checkbox"/> Digital Image/Photocopy of original. (Imagen Digital/Fotocopia del Original)	
Name of Applicant (Nombre de Apicante)		Relationship to person on record (Proof is required if certified copy requested.) (Relación al individuo (Prueba es requerida para copia certificada.))	
Current Mailing Address (Must Match address on ID) (Dirección Postal (Debe coincidir con identificación))		Reasons for Request: (Motivo de solicitud) <input type="checkbox"/> Passport (Pasaporte) <input type="checkbox"/> Driver's License (Licencia de Conducir) <input type="checkbox"/> School/Sports (Escuela/Deportes) <input type="checkbox"/> Veterans' Benefits (Beneficios veteranos) <input type="checkbox"/> Social Security Card (Tarjeta Seguro Social) <input type="checkbox"/> Social Security Disability (SSI / Incapacidad) <input type="checkbox"/> Other SS Benefits (Otros beneficios de seguro social) <input type="checkbox"/> Medicare (Medicare) <input type="checkbox"/> Welfare (Asistencia Pública) <input type="checkbox"/> Other (Otro)	
City (Ciudad)	State (Estado)		
Applicant's Signature (Firma del Apicante)		Date of Application (Fecha)	

<input type="checkbox"/> BIRTH (NACIMIENTO)	Full Name of Child at Time of Birth (Nombre Completo al Nacer)		No. Requested Copies (No. de Copias)
	Place of Birth (City, Town) (Lugar de Nacimiento (Ciudad, Pueblo))	County (Condado)	Exact Date of Birth (Fecha de Nacimiento)
	Full Name of Child's Parent A (List name given at birth or on birth certificate) (Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento))		
	Full Name of Child's Parent B (if on record) (List name given at birth or on birth certificate) (Nombre completo de Padre/Madre B (si el registro) (Inscrito en el acta de nacimiento))		
	If the Child's Name was Changed, Indicate New Name and How it was Changed: (Si el nombre del niño fue cambiado, indique el nuevo nombre y como fue cambiado):		
<input type="checkbox"/> MARRIAGE (MATRIMONIO)	Full Name of Spouse A/Partner A (List name given at birth or on birth certificate) (Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento))		No. Requested Copies (No. de Copias)
	Full Name of Spouse B/Partner B (List name given at birth or on birth certificate) (Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento))		Exact Date of Event (Fecha Exacta del Evento)
	Place of Event (City, Town) (Lugar del Evento (Ciudad, Pueblo))	County (Condado)	
<input type="checkbox"/> CIVIL UNION (UNIÓN CIVIL)			
<input type="checkbox"/> DOMESTIC PARTNERSHIP (SOCIEDAD DOMÉSTICA)			
<input type="checkbox"/> DEATH (DEFUNCIÓN)	Name of Deceased Individual (Nombre del Fallecido)		
	Exact Date of Death (Fecha Exacta del Evento)	No. Requested Copies (No. de Copias)	
	Place of Event (City/Town) (Lugar del Evento (Ciudad, Pueblo))	County (Condado)	
	Full Name of Deceased Individual's Parent A (List name given at birth or on birth certificate) (Nombre completo de Padre/Madre A) (Inscrito en el acta de nacimiento)	Full Name of Deceased Individual's Parent B (List name given at birth or on birth certificate) (Nombre completo de Padre/Madre B) (Inscrito en el acta de nacimiento)	

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

Certified Copy Number: \_\_\_\_\_