



1 Rev. Dr. Martin Luther King Jr. Drive
 Willingboro, NJ 08046
 Phone: 609-877-2200
 Fax: 609-877-1278

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

<input type="checkbox"/> I would like a Certified Copy . <input type="checkbox"/> I will be forwarding the Certified Copy for an Apostille Seal . <input type="checkbox"/> I would like a Certification .	Preferred format (if available): <input type="checkbox"/> Computer-Generated copy of original. <input type="checkbox"/> Digital Image/Photocopy of original.
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Name of Applicant Current Mailing Address (Must Match address on ID) City State Zip Code	Relationship to person on record (Proof is required if certified copy requested.) Daytime Telephone Number	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 <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Other SS Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Other _____
Applicant's Signature	Date of Application	

<input type="checkbox"/> BIRTH	Full Name of Child at Time of Birth	No. Requested Copies	
	Place of Birth (City, Town)	County	Exact Date of Birth
	Full Name of Child's Parent A (<i>List name given at birth or on birth certificate</i>)		
	Full Name of Child's Parent B (if on record) (<i>List name given at birth or on birth certificate</i>)		
	If the Child's Name was Changed, Indicate New Name and How it was Changed:		

<input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> DOMESTIC PARTNERSHIP	Full Name of Spouse A/Partner A (<i>List name given at birth or on birth certificate</i>)	No. Requested Copies
	Full Name of Spouse B/Partner B (<i>List name given at birth or on birth certificate</i>)	Exact Date of Event
	Place of Event (City, Town)	County

<input type="checkbox"/> DEATH	Name of Deceased Individual		
	Exact Date of Death		No. Requested Copies
	Place of Event (City/Town)		County
	Full Name of Deceased Individual's Parent A (<i>List name given at birth or on birth certificate</i>)	Full Name of Deceased Individual's Parent B (<i>List name given at birth or on birth certificate</i>)	

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

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