

**City of Sea Isle City**  
**233 JFK Blvd. 2nd Flr, Sea Isle City, NJ 08243**  
**609-263-4461 Fax 609-263-6139**

**APPLICATION FOR A CERTIFICATION OR A CERTIFIED COPY OF A VITAL RECORD**

A **Certification** of a vital record event is issued to those individuals with a distant or no relationship to the individual(s) listed on the vital record. It is issued for informational purposes only and cannot be used for legal or identification purposes

A **Certified Copy** of a vital record event is issued to those individuals who have a direct link to the individual(s) named on the vital record event, as identified in Governor McGreevey's Executive Order 18, and provided that the requestor is able to identify the vital record and can provide proof of his identity and relationship. A Certified Copy will contain the raised Great Seal of the State of New Jersey and can be used for legal or identification purposes.

**PLEASE TYPE OR PRINT CLEARLY! ALL ITEMS ARE REQUIRED UNLESS NOTED OTHERWISE.\* PROOF OF IDENTITY IS REQUIRED.**

Name of Applicant		Relationship to Person Named on Requested Record <i>(Proof may be required.)</i>		Why is record being requested? <input type="checkbox"/> Passport <input type="checkbox"/> Driver License <input type="checkbox"/> School/Sports <input type="checkbox"/> Social Security Card <input type="checkbox"/> Soc. Sec. Disability <input type="checkbox"/> Other Soc. Sec. Benefits <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Genealogy <input type="checkbox"/> Other: _____
Street Address				
City	State	Zip Code	Telephone Number	
Signature of Applicant			Date of Application	
<input type="checkbox"/> BIRTH	Full Name of Child at Time of Birth			No. of Copies Requested
	Place of Birth (City, Town or Township)		County	
	Exact Date of Birth	Name of Hospital (Optional)		
	Mother's Full Maiden Name		Father's Name (if recorded on the record)	
	If Child's Name Was Changed, Indicate New Name and How It Was Changed			

**DO NOT** use this form to request a Certified Copy of a Certificate of Birth Resulting in Stillbirth. Use form REG-68 which is available on the Department's website at: [www.state.nj.us/health/vital/vital.shtml](http://www.state.nj.us/health/vital/vital.shtml) Follow the instructions carefully.

<input type="checkbox"/> MARRIAGE	Name of Husband/Civil Union Partner		No. of Copies Requested
	Maiden Name of Wife/Civil Union Partner		Exact Date of Ceremony
<input type="checkbox"/> CIVIL UNION	Place of Marriage/Civil Union (City, Town or Township)		County
<input type="checkbox"/> DOMESTIC PARTNERSHIP	Name of Partner		No. of Copies Requested
	Name of Partner		Exact Date Registered
	Place Where Domestic Partnership Registered (City, Town or Township)		County
<input type="checkbox"/> DEATH	Name of Deceased		Social Security No. (See Note)
			No. of Copies Requested
	Exact Date of Death	Place of Death (City, Town or Township)	County
Mother's Full Maiden Name		Father's Name (if recorded on the record)	

**FEE: \$5.00 PER COPY**  
**MAKE CHECK PAYABLE TO CITY OF SEA ISLE CITY**