

Borough of Atlantic Highlands

Vital Statistics and Registration

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

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 Seal of the Borough of Atlantic Highlands 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. MAKE CHECK OR MONEY ORDER PAYABLE TO "ATLANTIC HIGHLANDS." DO NOT MAIL CASH.

The Fee for EACH Certified Copy is \$10.00

Name of Applicant		Relationship to Person Named on Requested Record <i>(Proof maybe 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			

<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 PARTNER-SHIP	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		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]

FOR BOROUGH 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: