

Borough of Dunellen
 Vital Statistics and Registry
 355 North Avenue
 Dunellen, NJ 08812
 Cost: \$25.00 1st Copy, \$2.00 each Additional Copy

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

<input type="checkbox"/> Certified Copy <input type="checkbox"/> Certified Copy for an Apostille Seal <input type="checkbox"/> Certification	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 _____		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 _____			
No. Requested Copies	Place of Birth City _____ State _____	County	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 _____ State _____	County	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 _____			
No. Requested Copies	Place of Death City _____ State _____	County	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?

- | | |
|--|---|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Proof of Relationship |
| <input type="checkbox"/> Payment | <input type="checkbox"/> Acceptable Forms of ID |
| | <input type="checkbox"/> 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	Amount: \$ _____	ID Viewed <input type="checkbox"/>	Processed By: _____