

BOROUGH OF MANASQUAN
201 EAST MAIN STREET
MANASQUAN, NJ 08736
732-223-0544 www.manasquan-nj.com

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 Certified Copy . (Quiero una copia certificada.) <input type="checkbox"/> I would like a Certification . (Quiero una certificación.) Documents in need of an Apostille Seal must be obtained from the State. (Registros que necesitan un Sello de Apostille, deben ser obtenidos por la Oficina Estatal.)		If available, I prefer the format of the certified copy to be: (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)	Zip Code (Codigo Postal)	Daytime Telephone Number (Número Telefónico)
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)
	Child's Mother's Full Maiden Name (Nombre completo de soltera de la Madre)		Child's Father's Name (if on record) [Nombre del Padre (si esta registrado)]
	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) <input type="checkbox"/> CIVIL UNION (UNIÓN CIVIL) <input type="checkbox"/> DOMESTIC PARTNERSHIP (SOCIEDAD DOMÉSTICA)	Name of Husband/ Partner (Nombre de Esposo/Pareja)		No. Requested Copies (No. de Copias)
	Maiden Name of Wife/ Partner (Nombre Soltera de Esposa/Pareja)		Exact Date of Event (Fecha Exacta del Evento)
	Place of Event (City, Town) [Lugar del Evento (Ciudad, Pueblo)]		County (Condado)
<input type="checkbox"/> DEATH (DEFUNCIÓN)	Name of Deceased (Nombre del Fallecido)		Social Security Number (See Note) [Numero de Seguro Social (Ver Indice)]
	Exact Date of Death (Fecha Exacta del Evento)		Place of Event (City/Town) [Lugar del Evento (Ciudad, pueblo)]
	Maiden Name of Deceased Individual's Mother (Nombre Soltera de la Madre)		Name of Deceased Individual's Father (Nombre del Padre)

Application Checklist: Have you enclosed and completed all required information?
 (Lista Comprobada: ¿A Usted Incluido y Completado Toda la Información Requerida en la Aplicación?)

All Items on Application (Todo Articulos en la Aplicación)
 Payment (Pago)
 Acceptable Forms of ID (Identificación Aceptable)
 Proof of Relationship (Prueba de Parentesco)
 Mailing Address Matches ID (Dirección Postal Coincidente con ID)

FOR OFFICIAL 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

1. This form should only be used to submit records requests to the Borough of Manasquan.
 2. Complete and date this request form and deliver it in person during regular business hours or by mail, fax or electronically to the appropriate custodian of the record request. Your request is not considered filed until the appropriate custodian of the record requested has received a completed request form. If you submit the request form to any officer or employee of the Borough of Manasquan, that officer or employee may not have the authority to accept your request form on behalf of the Borough of Manasquan and your request will be directed to the appropriate division custodian. The seven business day response time will not commence until the proper custodian reviews the request to determine if it is complete.
 3. If you submit a request for access to government records to someone other than the appropriate custodian, do not complete the Borough of Manasquan request form, or attempt to make a request for access by telephone or fax; the Open Public Records Act and its deadlines, restrictions and remedies will not apply to your request.
 4. The fees for duplication of a government record in printed form are listed on the front of this form. We will notify you of any special charges, special service charges or other additional charges, authorized by State law or regulation before processing your request. Payment shall be made by check or money order payable to the Borough of Manasquan.
 5. If it is necessary for the records custodian to contact you concerning your request, providing identifying information such as your name, address and telephone number or an e-mail address is required. Where contact is not necessary, anonymous request are permitted; except that anonymous requests for personal information are not honored.
 6. You may be charged a 50% or other deposit when a request for copies exceeds \$25. The department custodian will contact you and advise you of any deposit requirements. Anonymous requests, when permitted, require a deposit of 100% of estimated fees. You agree to pay the balance due upon delivery of the records.
 7. Under OPRA, a custodian must deny access to a person who has been convicted of an indictable offense in New Jersey, any other state, or the United States, and who is seeking government records containing personal information pertaining to the person's victim or the victims family.
 8. By law, the Borough of Manasquan must notify you that it grants or denies a request for access to government records within seven business days after the custodian of record requested receives the request, provided that the record is currently available and not in storage. If the record requested is not currently available or is in storage, the custodian will advise you within seven business days when the record can be made available and the estimated cost. You may agree with the custodian to extend the time for making records available, or granting or denying your request.
 9. You may be denied access to government record if your request would substantially disrupt agency operations and the custodian is unable to reach a reasonable solution with you.
 10. If the Borough of Manasquan is unable to comply with your request for access to a government records, the custodian will indicate the reasons for denial on the request form and send you a signed and dated copy.
 11. Except as otherwise provide by law or by agreement with the requestor, if the custodian of the record requested fails to respond to you in violation of #8; above, within seven business days of receiving a request.
 12. If your request for access to a government record has been denied or unfilled within the time permitted by law, you have a right to challenge the decision by the Borough of Manasquan to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint in writing with the Government Records Council (GRC). You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ 08625, by e-mail at GRC@dca.state.nj.us or at their web site at www.nj.gov/grc. The Council can also answer other questions about the law.
 13. Information provided on this form may be subject to disclosure under the Open Public Records Act.
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