Borough of Manasquan
Vital Statistics and Registry
201 East Main Street
Manasquan, NJ 08736

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

☐ *Certified Copy*
☐ **Certified Copy** for an **Apostille Seal**
☐ *Certification*

Requestor's Relationship to Person on Record
(proof is required for certified copy)

Requestor's Signature

Date *(of request)* / /

Name of Requestor
First *Middle*
Last

Current Mailing Address *(must match address on ID)*
Street
City *State* *Zip Code*

Email Address
@ .

Daytime Phone Number
( ) -

Reasons for Request
☐ Passport
☐ Driver's License
☐ School / Sports
☐ Veterans' Benefits
☐ Social Security Card / Benefits
☐ Medicare
☐ Welfare / Disability
☐ Other: _____

☐ 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*

☐ MARRIAGE ☐ CIVIL UNION ☐ 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*

☐ 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?

☐ Completed Application
☐ Payment
☐ Proof of Relationship
☐ Acceptable Forms of ID
☐ Mailing Address Matches ID

REG-37a
SEP 17

FOR STATE USE ONLY

Payment Type: ☐ Cash ☐ M/O ☐ Check ☐ Waived | **Amount:** $ | ☐ **ID Viewed** | **Processed By:**