



Spring Lake
1892 - 1992

Borough of Spring Lake

423 Warren Avenue
P.O. Box 638
Spring Lake, New Jersey 07762
www.springlakeboro.org

(732) 449-0800
Fax (732) 449-8797

Mail to: PO Box 638, Spring Lake, NJ 07762-0638

Please include payment of \$25.00 per copy requested payable to the Borough of Spring Lake

Application for a Certified Copy of Marriage/Civil Union License

If submitting by mail, please include a copy of your photo identification.

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 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 "BOROUGH OF SPRING LAKE." DO NOT MAIL CASH.

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. <input type="checkbox"/> Benefits Veterans <input type="checkbox"/> 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"/> MARRIAGE <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> DOMESTIC PARTNERSHIP	Full Name of Spouse A (List name given at birth or on birth certificate.)		No. of Copies Requested	
	Full Name of Spouse B (List name given at birth or on birth certificate.)		Exact Date of Ceremony	
	Place of Marriage/Civil Union (City, Town or Township)		County	

FOR BOROUGH USE ONLY

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check	<input type="checkbox"/> M/O	Payment Amount: \$	ID Viewed:	Processed By:
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