



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

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

Application for a Certified Copy of a Vital Record

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

A **Certification** of a vital record event is issued to those individuals with a distant or no relationship to the individual(s) listed on the vital record. It is issued for informational purposes only and cannot be used for legal or identification purposes.

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		
BIRTH	Full Name of Child at Time of Birth			
	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			

DO NOT use this form to request a Certified Copy of a Certificate of Birth Resulting in Stillbirth. Use form REG-68 which is available on the Department's website at: www.state.nj.us/health/vital/vital.shtml. Follow the instructions carefully.

MARRIAGE CIVIL UNION	Name of Husband/Civil Union Partner		No. of Copies Requested	
	Maiden Name of Wife/Civil Union Partner			
	Place of Marriage/Civil Union (City, Town or Township)		County	
DOMESTIC PARTNER- SHIP	Name of Partner			No. of Copies Requested
	Name of Partner			
	Place Where Domestic Partnership Registered (City, Town or Township)		County	
DEATH	Name of Deceased		Social Security No. <i>(See Note)</i>	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)	

NOTE: Social Security Number is only required for Insurance, Title and Bank Companies requesting copies of Death records.

* Births occurring over 80 years ago, marriages occurring over 50 years ago and deaths occurring over 40 years ago are considered genealogical and therefore exact information is not required. You may provide only the name of the individual recorded on the vital record, the county where the event occurred and the year the event occurred. Multiple years may be searched at a fee of \$1.00 per additional year searched.

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