

TOWNSHIP OF LONG BEACH
APPLICATION FOR A NON-GENEALOGICAL CERTIFIED COPY

NAME: _____ DATE: _____

ADDRESS: _____

DAYTIME PHONE NUMBER: _____

RELATIONSHIP TO THE NAMED BELOW: _____

NUMBER OF CERTIFICATES REQUESTED: _____ (\$10.00 a copy)

(check made payable to: Long Beach Township)

REASON FOR REQUEST: _____

SIGNATURE: _____

BIRTH CERTIFICATE:

FULL NAME AT TIME OF BIRTH: _____

EXACT DATE OF BIRTH: _____

PLACE OF BIRTH: _____

FULL MAIDEN NAME OF CHILD'S MOTHER: _____

NAME OF CHILD'S FATHER: _____

MARRIAGE, CIVIL UNION OR DOMESTIC PARTNERSHIP CERTIFICATE:

EXACT DATE OF EVENT: _____

FULL NAME OF HUSBAND/PARTNER: _____

FULL MAIDEN NAME OF WIFE/PARTNER: _____

PLACE OF EVENT: _____

DEATH CERTIFICATE:

FULL NAME OF DECEASED: _____

EXACT DATE OF DEATH: _____

FATHER'S NAME: _____

FULL MAIDEN NAME OF MOTHER: _____

PLACE OF EVENT: _____

Driver's license number: _____

State issued: _____

Mail to: Long Beach Township

6805 Long Beach Blvd,

Brant Beach, NJ 08008

Attn: Sharon

OR

Passport number: _____

Country issued: _____