APPLICATION PROCESS FOR OBTAINING A COPY OF A NON-GENEALOGICAL VITAL RECORD

- Non-Genealogical Records are births occurring within the last 80 years or if the individual is still living, marriages occurring within the last 50 years, deaths occurring within the last 40 years and all civil union and domestic partnership records.
- Certified Copies have the raised seal of the office issuing the record and are always issued on State of New Jersey safety paper. Certified copies may be used to establish identity and are legal documents.
- Applications for a certified copy of a non-genealogical record require the applicant to provide a
 completed application, valid proof of identity, payment of the fee and proof that establishes you
 are:
 - 1. The subject of the record.
 - 2. The subject's parent, legal guardian or legal representative.
 - 3. The subject's spouse/civil union partner, domestic partner; child, grandchild or sibling, if of legal age.
 - 4. A state or federal agency for official purposes.
 - 5. Pursuant to a court order.
 - 6. A bank, title or insurance company requesting a copy of a death certificate for official business.
- Identification accepted to prove Identity:

Valid photo driver's license or photo non-driver's license with current address OR valid driver's license without photo and an alternate form of ID with current address OR two (2) alternate forms of ID, one of which must show the current address. Alternate forms of ID are: vehicle registration, vehicle insurance card, voter registration, US/foreign passport, permanent resident card (green card), Immigrant Visa, Federal/State ID, County ID, School ID, utility bill (within the previous 90 days), bank statement (within previous 90 days) or W-2/tax return for current or previous year.

Applications filed in person will require the applicant to provide the original of the above documents, whereas applications filed by mail will require the applicant to provide copies of the documents.

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

NAME:	DATE:
ADDRESS: (must match address on ID)	
DAYTIME PHONE NUMBER:	
RELATIONSHIP TO THE NAMED BELOW:	
NUMBER OF CERTIFICATES REQUESTED:_ (\$25.00 1st copy, \$10.00 each copy after, ordered at (Make check or money order made payable to "Long	the same time.)
REASON FOR REQUEST:	
SIGNATURE:	
BIRTH CERTIFICATE: (if requesting birth cer	
FULL NAME AT TIME OF BIRTH:	
EXACT DATE OF BIRTH:	
PLACE OF BIRTH:	
FULL MAINDEN NAME OF CHILD'S MOTHE	
NAME OF CHILD'S FATHER:	
MARRIAGE, CIVIL UNION OR DOMESTI	C PARTNERSHIP CERTIFICATE:
EXACT DATE OF EVENT:	
FULL NAME OF HUSBAND/PARTNER:	
FULL MAIDEN NAME OF WIFE/PARTNER:_	
PLACE OF EVENT:	
DEATH CERTIFICATE : (if requesting death ce	ertificate)
FULL NAME OF DECEASED:	
EXACT DATE OF DEATH:	
FATHER'S NAME:	
FULL MAIDEN NAME OF MOTHER:	
PLACE OF EVENT:	
<u> </u>	,
Application check List: Have you enclosed an	d completed all required information?
All items on ApplicationPayment	Acceptable forms of ID
Mailing address matches ID	

Mail to: Long Beach Township 6805 Long Beach Blvd, Brant Beach, NJ 08008

Attn: Sharon