

**TOWNSHIP OF LAKEWOOD**  
**231 Third Street**  
**Lakewood NJ 08701**

**VITAL STATISTICS**

Vital Statistics is responsible for registering all births, deaths, marriages, civil unions and domestic partnerships.

- To obtain certified copies, you may mail your request or come into the office at:  
Municipal Building  
231 Third Street  
Second Floor, Room 17  
(732) 364-2500 Ext. 5236

The fee for all certified copies is \$10.00. We accept cash, money orders or checks. You should make your check or money order payable to Lakewood Township. Do not send cash through the mail. The mailing address is:

Department of Vital Statistics  
231 Third Street  
Lakewood NJ 08701

*Note: Include a self-addressed, stamped envelope to expedite your request.*

There are specific individuals who can obtain a Vital Record:

- the subject of legal age
- the parents of the subject
- a brother or sister of legal age with proof of the relationship
- the spouse, the child and grandchild of legal age showing proof of the relationship
- the legal guardian or legal representative with court documentation

- **REQUIRED IDENTIFICATION:**

For all certified copies, proper identification is required. A valid photo driver's license showing your current address and signature or *two* of the following – *one* of which must show current address – must be provided:

- A non-photo drivers license
- A vehicle registration
- A vehicle insurance card
- A county ID
- A passport, voter registration, school ID, green card, a utility bill received within the last three months, tax returns for current or previous year.

In addition, a female requesting her birth certificate is required to provide her marriage certificate if her identification is in her married name.

Vital statistics will not certify a birth, death, marriage, civil union or domestic partnership record unless the person who is making the request is able to provide the following information:

- the exact name that is currently recorded on the record
- the exact date of the event
- the mother's full maiden name
- the father's name (when recorded)

231 Third Street, Room 17  
Lakewood, NJ 08701  
732-364-2500 Ex.5236 or 5259  
\$10.00 per copy

**APPLICATION FOR A NON-GENEALOGICAL CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD**  
**APLICACIÓN PARA COPIAS CERTIFICADAS Ó CERTIFICACIONES DE REGISTROS CIVILES NO-ANCESTRO**

<input type="checkbox"/> I would like a <b>Certified Copy</b> . (Quiero una copia certificada ) <input type="checkbox"/> I would like a <b>Certification</b> . (Quiero una certificación.) Documents in need of an <b>Apostille Seal</b> must be obtained from the State. (Registros que necesitan un Sello de Apostille. deben ser obtenidos por la Oficina Estatal.)		Preferred format (if available): (Prefiero.) <input type="checkbox"/> Computer-generated copy of original. (Copia del Original-Generado por Computadora) <input type="checkbox"/> Digital Image/Photocopy of original. (Imagen Digital/Fotocopia del Original)	
Name of Applicant (Nombre de Apicante)		Relationship to person on record (Proof is required if certified copy requested.) (Relación al individuo (Prueba es requerida para copia certificada.))	
Current Mailing Address (Must Match address on ID) (Dirección Postal (Debe coincidir con identificación))		Reasons for Request: (Motivo de solicitud) <input type="checkbox"/> Passport (Pasaporte) <input type="checkbox"/> Driver's License (Licencia de Conducir) <input type="checkbox"/> School/Sports (Escuela/Deportes) <input type="checkbox"/> Veterans' Benefits (Beneficios veteranos) <input type="checkbox"/> Social Security Card (Tarjeta Seguro Social) <input type="checkbox"/> Social Security Disability (SSI / Incapacidad) <input type="checkbox"/> Other SS Benefits (Otros beneficios de seguro social) <input type="checkbox"/> Medicare (Medicare) <input type="checkbox"/> Welfare (Asistencia Pública) <input type="checkbox"/> Other (Otro) _____	
City (Ciudad)	State (Estado)		
Applicant's Signature (Firma del Apicante)		Date of Application (Fecha)	

<input type="checkbox"/> <b>BIRTH (NACIMIENTO)</b>	Full Name of Child at Time of Birth (Nombre Completo al Nacer)		No. Requested Copies (No. de Copias)
	Place of Birth ( City, Town) (Lugar de Nacimiento (Ciudad, Pueblo))	County (Condado)	Exact Date of Birth (Fecha de Nacimiento)
	Full Name of Child's Parent A (List name given at birth or on birth certificate) (Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento))		
	Full Name of Child's Parent B (if on record) (List name given at birth or on birth certificate) (Nombre completo de Padre/Madre B (si el registro) (Inscrito en el acta de nacimiento))		
	If the Child's Name was Changed, Indicate New Name and How it was Changed: (Si el nombre del niño fue cambiado, indique el nuevo nombre y como fue cambiado)		
<input type="checkbox"/> <b>MARRIAGE (MATRIMONIO)</b> <input type="checkbox"/> <b>CIVIL UNION (UNIÓN CIVIL)</b> <input type="checkbox"/> <b>DOMESTIC PARTNERSHIP (SOCIEDAD DOMÉSTICA)</b>	Full Name of Spouse A/Partner A (List name given at birth or on birth certificate) (Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento))		No. Requested Copies (No. de Copias)
	Full Name of Spouse B/Partner B (List name given at birth or on birth certificate) (Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento))		Exact Date of Event (Fecha Exacta del Evento)
	Place of Event (City, Town) (Lugar del Evento (Ciudad, Pueblo))		County (Condado)
<input type="checkbox"/> <b>DEATH (DEFUNCIÓN)</b>	Name of Deceased Individual (Nombre del Fallecido)		
	Exact Date of Death (Fecha Exacta del Evento)		No. Requested Copies (No. de Copias)
	Place of Event (City/Town) (Lugar del Evento (Ciudad, Pueblo))		County (Condado)
	Full Name of Deceased Individual's Parent A (List name given at birth or on birth certificate) (Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento))		Full Name of Deceased Individual's Parent B (List name given at birth or on birth certificate) (Nombre completo de Padre/Madre B (Inscrito en el acta de nacimiento))

**Application Checklist: Have you enclosed and completed all required information?**

(Lista Comprobada: ¿A Usted Incluido y Completado Toda la Información Requerida en la Aplicación?)

- All Items on Application (Todo Articulos en la Aplicación)   
  Payment (Pago)   
  Acceptable Forms of ID (Identificación Aceptable)   
  Proof of Relationship (Prueba de Parentesco)   
  Mailing Address Matches ID (Dirección Postal Coincidente con ID)

**FOR OFFICIAL USE ONLY**

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