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)

DEPARTMENT OF VITAL STATISTICS
232 THIRD STREET
LAKEWOOD, NJ 08701
732- 364-2500 EX. 5326 or 5259

APPLICATION FOR A *NON-GENEALOGICAL* CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD

APLICACIÓN PARA COPIAS CERTIFICADAS Ó CERTIFICACIONES DE REGISTROS CIVILES NO-ANCESTRO

☐ I would like a ***Certified Copy***. *(Quiero una copia certificada.)*
☐ I would like a ***Certification***. *(Quiero una certificación.)*
Documents in need of an **Apostille Seal** 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:)*
☐ Computer-generated copy of original. *(Copia del Original-Generado por Computadora)*
☐ Digital Image/Photocopy of original. *(Imagen Digital/Fotocopia del Original)*

Name of Applicant *(Nombre de Aplicante)*	Relationship to person on record (Proof is required if certified copy requested.) *[Relación al individuo (Prueba es requerida para copia certificada.)]*	Reasons for Request: *(Motivo de solicitud)* ☐ Passport *(Pasaporte)* ☐ Driver's License *(Licensia de Conducir)* ☐ School/Sports *(Escuela/Deportes)* ☐ Veterans' Benefits *(Beneficios veteranos)* ☐ Social Security Card *(Tarjeta Seguro Social)* ☐ Social Security Disability *(SSI / Incapacidad)* ☐ Other SS Benefits *(Otros beneficios de seguro social)* ☐ Medicare *(Medicare)* ☐ Welfare *(Asistencia Pública)* ☐ Other *(Otro)* _____
Current Mailing Address ***(Must Match address on ID)*** *[Dirección Postal (Debe coincidir con identificación)]*		
City *(Ciudad)* State *(Estado)* Zip Code *(Codigo Postal)*	Daytime Telephone Number *(Número Telefónico)*	
Applicant's Signature *(Firma del Aplicante)*	Date of Application *(Fecha)*	

☐ **BIRTH** *(NACIMIENTO)*	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):*		
☐ **MARRIAGE** *(MATRIMONIO)* ☐ **CIVIL UNION** *(UNIÓN CIVIL)* ☐ **DOMESTIC PARTNERSHIP** *(SOCIEDAD DOMÉSTICA)*	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)*
☐ **DEATH** *(DEFUNCIÓN)*	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: ☐ Cash ☐ M/O ☐ Check ☐ Waived	Payment Amount: $	ID Viewed:	Processed By