

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
231 THIRD STREET
LAKEWOOD, NEW JERSEY 08701
732-364-2500 EX.5236 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**

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

BIRTH <i>(NACIMIENTO)</i>	Full Name of Child at Time of Birth <i>(Nombre Completo al Nacer)</i>		No. Requested Copies <i>(No. de Copias)</i>
	Place of Birth (City, Town) <i>[Lugar de Nacimiento (Ciudad, Pueblo)]</i>	County <i>(Condado)</i>	Exact Date of Birth <i>(Fecha de Nacimiento)</i>
	Child's Mother's Full Maiden Name <i>(Nombre completo de soltera de la Madre)</i>		Child's Father's Name (if on record) <i>[Nombre del Padre (si esta registrado)]</i>
	If the Child's Name was Changed, Indicate New Name and How it was Changed: <i>(Si el nombre del niño fue cambiado, indique el nuevo nombre y como fue cambiado):</i>		
MARRIAGE <i>(MATRIMONIO)</i> CIVIL UNION <i>(UNIÓN CIVIL)</i> DOMESTIC PARTNERSHIP <i>(SOCIEDAD DOMÉSTICA)</i>	Name of Husband/ Partner <i>(Nombre de Esposo/Pareja)</i>		No. Requested Copies <i>(No. de Copias)</i>
	Maiden Name of Wife/ Partner <i>(Nombre Soltera de Esposa/Pareja)</i>		Exact Date of Event <i>(Fecha Exacta del Evento)</i>
	Place of Event (City, Town) <i>[Lugar del Evento (Ciudad, Pueblo)]</i>		County <i>(Condado)</i>
DEATH <i>(DEFUNCIÓN)</i>	Name of Deceased <i>(Nombre del Fallecido)</i>	Social Security Number <i>(See Note)</i> <i>[Numero de Seguro Social (Ver Indice)]</i>	No. Requested Copies <i>(No. de Copias)</i>
	Exact Date of Death <i>(Fecha Exacta del Evento)</i>	Place of Event (City/Town) <i>[Lugar del Evento (Ciudad, pueblo)]</i>	County <i>(Condado)</i>
	Maiden Name of Deceased Individual's Mother <i>(Nombre Soltera de la Madre)</i>		Name of Deceased Individual's Father <i>(Nombre del Padre)</i>

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 Payment Acceptable Forms of ID Proof of Relationship Mailing Address Matches ID
(Todo Artículos en la Aplicación) (Pago) (Identificación Aceptable) (Prueba de Parentesco) (Dirección Postal Coincidente con ID)