



**BOROUGH OF FARMINGDALE – BUREAU OF VITAL STATISTICS**  
11 ASBURY AVENUE, FARMINGDALE, NJ 07724  
732-938-4077 ◊ 732-938-2023 (FAX)

DATE: \_\_\_\_\_

**APPLICATION FOR NON-GENEALOGICAL CERTIFICATION OF CERTIFIED COPY OF VITAL RECORD**  
COST: \$15.00 PER COPY

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Current Mailing Address (MUST MATCH ADDRESS ON ID)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Reason for Request

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Relationship to person on record (Proof is required if certified copy requested)

**Marriage**       **Civil Union**     

**Domestic Partnership**

\_\_\_\_\_  
Exact Date of Event

\_\_\_\_\_  
No. Requested Copies

\_\_\_\_\_  
Name of Husband/partner

\_\_\_\_\_  
Maiden Name of Wife/Partner

\_\_\_\_\_  
Place of Event (City, Town)

\_\_\_\_\_  
County

**Death**

\_\_\_\_\_  
Exact Date of Death

\_\_\_\_\_  
No. Requested Copies

\_\_\_\_\_  
Name of Deceased

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Place of Event (City, Town)

\_\_\_\_\_  
County

\_\_\_\_\_  
Maiden Name of Deceased Individual's Mother

\_\_\_\_\_  
Name of Deceased Individual's Father

**Birth**

\_\_\_\_\_  
Full Name of Child at Time of Birth

\_\_\_\_\_  
Place of Birth (City, Town, County)

\_\_\_\_\_  
Child's Mother's Full Maiden Name

\_\_\_\_\_  
Child's Father's Name

\_\_\_\_\_  
Exact Date of Birth

\_\_\_\_\_  
If the Child's Name was Changed, Indicate New Name and How It Was Changed.



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