

**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.)]	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) _____
Current Mailing Address ( <b>Must Match address on ID</b> ) [Dirección Postal (Debe coincidir con identificación)]		
City (Ciudad)	State (Estado)	
Zip Code (Código Postal)	Daytime Telephone Number (Número Telefónico)	
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 (Nombre completo de Padre/Madre A)	Full Name of Deceased Individual's Parent B (Nombre completo de Padre/Madre B)	

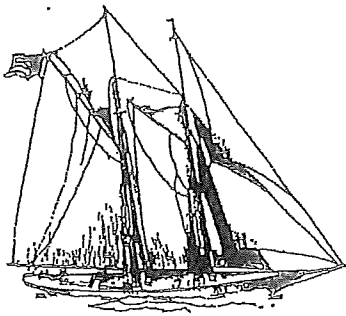
**Application Checklist: Have you enclosed and completed all required information?**

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

- All Items on Application (Todo Artículos 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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# Township of Commercial

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1768 Main Street • Port Norris, New Jersey 08349  
(856) 785-3100 • Fax: (856) 785-9420

JUDSON MOORE  
Mayor

FLETCHER JAMISON  
Deputy Mayor

RONALD SUTTON, SR.  
Committeeman

HANNAH E. NICHOLS  
Township Clerk

Dear Applicant:

You have requested an application for a vital statistics record. Since 911 the State of New Jersey has put in place the following regulations and requirements in order for you to obtain a certified copy of this vital record. The following stipulations must be met:

1. Fill in **ALL** items to the record you are requesting.
2. Make sure you fill out your **CURRENT** name and address.
3. You must include copies of either one form of identification if it is:
  - a. Valid Driver's License
  - b. Photo Non-Driver's License (Issued from DMV)
  - c. Valid Driver's License without a photo **AND** an alternate form of identification
- OR**
4. You must include copies of **TWO** alternate forms of identification which can be from the following list:
  - a. Vehicle Registration
  - b. Vehicle Insurance Card
  - c. Voter Registration
  - d. Passport
  - e. Green Card
  - f. County ID
  - g. School ID
  - h. Utility Bill (within 90 days)
  - i. Bank Statement (within 90 days)
  - j. Tax Return for current or previous year
  - k. Court Order – No Subpoenas
5. Make check or money order payable to Commercial Township in the amount of \$10.00 for each copy that you are requesting.
6. Return the application, required identification and payment to:

Registrar of Vital Statistics  
Township of Commercial  
1768 Main Street  
Port Norris, NJ 08349

7. Any questions you may call 856-785-3100, Ext. 310 or 311;

Registrar of Vital Statistics

*Small Town Charm Along the Scenic Maurice River*