

**TOWNSHIP OF MOORESTOWN**  
**Vital Statistics**  
**APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD**

**DO NOT** use this form to request a certified copy of a Certificate of Birth resulting in Stillbirth. You must apply directly with the State of New Jersey.

A **Certification** of a vital record is issued to those individuals with a distant or no relationship to the individual(s) listed on the vital record. It is issued for informational purposes only and cannot be used for legal or identification purposes. The local Registrar is prohibited from issuing a Certification of a vital record. Application must be made to the State of New Jersey.

A **Certified Copy** of a vital record is issued to those individuals who have a direct link to the individual(s) named on the vital record, as identified in Governor McGreevey's Executive Order 18, and provided that the requestor is able to identify the vital record and can **provide proof of his identity and relationship**. A Certified Copy will contain the raised seal of the Township of Moorestown and can be used for legal or identification purposes.

**PLEASE TYPE OR PRINT CLEARLY! ALL ITEMS ARE REQUIRED UNLESS NOTED OTHERWISE**  
**PROOF OF IDENTITY IS REQUIRED.**  
**MAKE CHECK OR MONEY ORDER PAYABLE TO "TOWNSHIP OF MOORESTOWN." DO NOT MAIL CASH**

Name of Applicant			Why is Record Being Requested?  <input type="checkbox"/> Passport <input type="checkbox"/> Driver License <input type="checkbox"/> School/Sports <input type="checkbox"/> Social Security Card <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Other Social Security Benefits <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Genealogy <input type="checkbox"/> Other
Street Address <b>and</b> Mailing Address (if different)		Relationship to Person Named On Requested Record. ( <b>Proof of Relationship Must Be Provided</b> )	
City	State	Zip Code	
Signature of Applicant		Telephone Number	
		Date of Application	

<b>B I R T H</b>	Full Name of Child at Time of Birth		No. of Copies Requested	<b>R E L A T I O N</b>	Your Relationship to Subject <input type="checkbox"/> Subject <input type="checkbox"/> Subject's Parent(s) <input type="checkbox"/> "Current" Spouse of Subject <input type="checkbox"/> Child/Grandchild of Subject <input type="checkbox"/> Sibling (Specify) <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Representative <input type="checkbox"/> Court Order <input type="checkbox"/> Offc'l Agent of State, Local, Fed'l Gov't <input type="checkbox"/> Commissioner of Health (under other emergent circumstances)  <b>You must show proof of Relationship (one of above) or a copy cannot be issued</b>
	Place of Birth (City, Town or Township)		County		
	Exact Date of Birth	Name of Hospital (optional)			
	Mother's Full Maiden Name	Father's Name (if recorded on the record)			
	If Child's Name Was Changed, Indicate New Name and How It Was Changed				

<b>M A R R I A G E</b>	Name of Husband		No. of Copies Requested	<b>R E L A T I O N</b>	Your Relationship to Subject <input type="checkbox"/> Bride or Groom <input type="checkbox"/> Subject's Parent(s) <input type="checkbox"/> Child/Grandchild of Subject <input type="checkbox"/> Sibling (Specify) <input type="checkbox"/> Legal Guardian / Representative <input type="checkbox"/> Court Order <input type="checkbox"/> Offc'l Agent of State, Local, Fed'l Gov't <input type="checkbox"/> Commissioner of Health (under other emergent circumstances)  <b>You must show proof of Relationship</b>
	Maiden Name of Wife		Exact Date of Marriage		
	Place of Marriage (Municipality)		County		

<b>C I V I L U N I O N</b>	<b>P A R T N E R S H I P</b>	Name of Partner		No. of Copies Requested	<b>R E L A T I O N</b>	Your Relationship to Subject <input type="checkbox"/> Bride or Groom <input type="checkbox"/> Subject's Parent(s) <input type="checkbox"/> Child/Grandchild of Subject <input type="checkbox"/> Sibling (Specify) <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Representative <input type="checkbox"/> Court Order <input type="checkbox"/> Offc'l Agent of State, Local, Fed'l Gov't <input type="checkbox"/> Commissioner of Health (under other emergent circumstances)  <b>You must show proof of Relationship</b>
		Name of Partner		Exact Date Union/Register		
		Place Where Union/Partnership Occurred (Municipality)		County		

<b>D E A T H</b>	Name of Deceased		No. of Copies Requested	<b>R E L A T I O N</b>	Your Relationship to Subject <input type="checkbox"/> Surviving Spouse of Subject <input type="checkbox"/> Subject's Parent(s) <input type="checkbox"/> Child/Grandchild of Subject <input type="checkbox"/> Sibling (Specify) <input type="checkbox"/> Legal Guardian / Representative <input type="checkbox"/> Court Order <input type="checkbox"/> Offc'l Agent of State, Local, Fed'l Gov't <input type="checkbox"/> Funeral Director/Commissioner of Health (under other emergent circumstances)  <b>You must show proof of Relationship</b> Consent must be Completed for <u>COD</u>
	Exact Date of Death		Place of Death (Municipality <u>and</u> County)		
	Mother's Full Maiden Name		Father's Name (if recorded on the record)		

<b>FOR OFFICE USE ONLY</b>			
Payment Type:	Payment Amount:	Type of ID Viewed:	Type of Proof of Relationship Viewed:
<input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	\$		
			Processed By:

**TOWNSHIP OF MOORESTOWN**  
**Office of Vital Statistics**  
 2 Executive Drive, Suite 9A  
 Moorestown, New Jersey 08057  
 (856) 235-0912 – Telephone  
 (856) 914-3076 - Telecopier

**OFFICE HOURS**

The Registrar's Office is open Monday through Friday from 8:30am until 4:30pm (excluding holidays). Walk-ins should arrive no later than 4pm to receive their certificate the same day.

**FEES AND REQUIRED DOCUMENTATION**

Via Mail or Over-the-Counter

**Birth**: \$8.00 each

**Marriage, Civil Union or Domestic Partnership**: \$8.00 each

**Death**: \$8.00 each

<b><u>Self-Identification</u></b> : All mail-in requests <u>must</u> include a copy of your <u>photo</u> driver's license with address or two alternate forms of ID with your address. Acceptable types of alternate identification are: driver's license without photo, vehicle registration, insurance card, voter registration card, passport, green card, County ID, School ID and utility bill.	Did you include?
<b><u>Proof of Relationship</u></b> : You <u>must</u> also <u>include proof of your relationship</u> to the individual(s) listed on the record you are requesting, <u>unless</u> it is a request for your own record. Persons requesting records over-the-counter must have these original identifications in their possession when filing an Application for a Certified Copy of a Vital Record.	Did you include?
<b><u>Self-Addressed, Stamped Envelope</u></b> : Mail all requests to address listed above. You must include a self-addressed, stamped envelope, if you request that a record be mailed back to you. ALL MAIL-IN REQUESTS WILL BE MAILED <u>ONLY</u> TO THE ADDRESS SHOWN ON YOUR PROOF OF IDENTIFICATION. VITAL RECORDS ARE NEVER FAXED.	Did you include?

*Genealogical research will not be subject to the strict requirements to supply exact date of event. Genealogical records are births that occurred more than 80 years ago, marriages that occurred more than 50 years ago or deaths that occurred more than 40 years ago*

**AUTHORIZATION FOR RELEASE OF CAUSE OF DEATH**

Complete if you are requesting a Death Certificate or Certification showing the Cause of Death. State law (NJR 8:2A-2.1 et seq.) requires that death certificates showing the cause of death may be issued only to individuals related to the decedent, as follows, once the person has produced documentation verifying relationship.

1. Funeral Director in charge
2. Surviving Spouse of Subject
3. Subject's Parent(s)
4. Child or Grandchild of Subject (of legal age)
5. Siblings
6. Legal Guardian / Legal Representative
7. Court Order
8. Agent/Agencies of a State, Local, or Federal Government for official purposes
9. The Commissioner of Health and Senior Services under other emergent circumstances.

Death particulars will be redacted from Certified Copies issued to government agencies unless the requestor presents a subpoena that specifies cause of death particulars.

**TO: Registrar of Vital Statistics, Township of Moorestown, County of Burlington, State of New Jersey**

This is to certify that I, \_\_\_\_\_ am the \_\_\_\_\_ of \_\_\_\_\_  
(Name) (Relationship) (Name of Deceased)  
 who died in \_\_\_\_\_ on \_\_\_\_\_ and hereby authorize you to issue the cause  
(Municipality) (Date of Death)  
 of death.

I certify that the above information provided by me is true and correct. I am aware that if any of the statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Address)