

TOWNSHIP OF MOORESTOWN

Office of Vital Statistics
111 West Second Street, Suite 1
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: \$10.00 each

Marriage, Civil Union or Domestic Partnership: \$10.00 each

Death: \$10.00 each

<u>Self-Identification:</u> 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?
<u>Proof of Relationship:</u> You <u>must</u> also <u>include proof of your relationship</u> to the individual(s) listed on the record you are requesting, unless 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?
<u>Self-Addressed, Stamped Envelope:</u> 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)