

**CITY OF NORTH WILDWOOD  
APPLICATION FOR CERTIFIED COPY OF VITAL RECORD**

A Certified Copy of a vital record is issued to those individuals who have a direct link to the individual named on the vital record event, provided that the requestor is able to identify the vital record. A Certified Copy will contain the raised Seal of Registrar of Vital Statistics of the City of North Wildwood. Please return to: Registrar Office, 901 Atlantic Avenue, North Wildwood, NJ 08260  
609 522-2030 Ext. 1400 FAX 609-522-6180

Make check or money order payable to "**City of North Wildwood**" (\$5.00 PER CERTIFIED COPY)

Name of Applicant (Your Name)		Date of Application	Payment Type Please Circle Cash Money Order Check	
Street Address		Relationship to Person Named in Requested Record (Required)	Why is Certified Copy being requested? Passport Driver's License School/Sports Social Security Card Soc. Sec. Disability Other Soc. Sec. Benefits Veteran's Benefits Medicare Welfare Genealogy Other _____	
City	State	Zip Code		Telephone Number
<b>B I R T H</b>	Full Name of Child at Time of Birth			No. of Copies Requested: \$5.00 EACH COPY
	Place of Birth (City, Town or Township)			County
	Date of Birth	Name of Hospital, If Any		
	Father's Name		Date of Birth	
Mother's Maiden Name		Date of Birth		
<b>M A R R I A G E</b>	Name of Husband		No. of Copies Requested: \$5.00 EACH COPY	
	Maiden Name of Wife			
	Place of Marriage (City or Township)		County	
	Date of Marriage			
<b>D O M E S T I C</b>	Name of Partner		No. of Copies Requested: \$5.00 EACH COPY	
	Name of Partner		Exact Date Registered:	
	Place Where Domestic Partnership Registered (City, Town or Township)		County	
	Type of Identification Shown:			
<b>D E A T H</b>	Name of Deceased		No. of Copies Requested: \$5.00 EACH COPY	
	Place of Death (City, Town, Township ,County)		Date of Death	
	Residence if Different from Place of Death		Age at Death	
	Father's Name		Mother's Name	

Signature of Applicant: