

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 I R T H | Full Name of Child at Time of Birth | | | | No. of Copies Requested: \$5.00 EACH COPY | | If Child's Name was Changed, Indicate New Name and How it was Changed: | | |
| | 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 | | | | |
| M A R R I A G E | Name of Husband/Spouse A | | | | No. of Copies Requested: \$5.00 EACH COPY | | Must provide photo driver's license and one additional form of ID with address (voter reg. card, vehicle registration, passport, green card, county ID, school ID, or utility bill or other as approved by State Registrar, or Assistant State Registrar). <u>Must provide two (2) forms of ID.</u> <u>(If mailing, please attach copies of ID)</u> | | |
| | Maiden Name of Wife/Spouse B | | | | | | | | |
| | Place of Marriage (City or Township) | | | | County | | | | |
| | Date of Marriage | | | | | | | | |
| D O M E S T I C S | Name of Partner | | | | No. of Copies Requested: \$5.00 EACH COPY | | Type of Identification Shown: | | |
| | Name of Partner | | | | Exact Date Registered: | | | | |
| | Place Where Domestic Partnership Registered (City, Town or Township) | | | | County | | | | |
| | | | | | | | | | |
| D E A T H | 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: