

City of Linwood

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

A **Certified Copy** of a vital record event is issued to those individuals who have a direct link to the individual(s) named on the vital record event, as identified in the Governor of New Jersey's Executive Order 18 of 2002, 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 a raised Seal 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 PAYABLE TO "CITY OF LINWOOD." DO NOT MAIL CASH. MAIL APPLICATION, ID, AND PAYMENT TO THE CITY CLERK'S OFFICE, LINWOOD CITY HALL, 400 POPLAR AVENUE, LINWOOD, NJ 08221. COPIES ARE \$15.00 EACH.

Name of Applicant		Relationship to Person on Record (Proof is required)		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"/> Soc. Sec. Disability <input type="checkbox"/> Other Soc. Sec. Benefits <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Other: _____	
Current Mailing Address (Must Match address on ID)					
City	State	Zip Code	Telephone Number		
Signature of Applicant		Date of Application			
MARRIAGE	Name of Husband			No. of Copies Requested	
	Maiden Name of Wife			Exact Date of Marriage	
	Place of Marriage (City/Town)			County	
CIVIL UNION	Name of Applicant			No. of Copies Requested	
	Name of Applicant			Exact Date of Civil Union	
	Place of Civil Union (City/Town)			County	
DOMESTIC PARTNERSHIP	Name of Partner			No. of Copies Requested	
	Name of Partner			Exact Date Registered	
	Place Where Domestic Partnership Registered (City/Town)			County	
BIRTH	Full Name of Child at Time of Birth			No. of Copies Requested	
	Place of Birth (City/Town)		County		
	Exact Date of Birth				
	Child's Mother's Full Maiden Name		Child's Father's Name (if on record)		
	If Child's Name Was Changed, Indicate New Name and How It Was Changed				
DEATH	Name of Deceased		Social Security Number (See Note)	No. of Copies Requested	
	Exact Date of Death	Place of Death (City/Town)		County	
	Maiden Name of Deceased Individual's Mother		Name of Deceased Individual's Father		
FOR MUNICIPAL 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:	