

**TOWNSHIP OF LAWRENCE**  
**OFFICE OF VITAL STATISTICS**  
 2207 Lawrence Road  
 Lawrence Township, New Jersey 08648  
 Telephone: (609) 844-7089 Fax: (609) 895-1668

**APPLICATION FOR A NON-GENEALOGICAL CERTIFIED COPY OF A VITAL RECORD**

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 McGreevy'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.

**ALL COPIES \$15.00 EACH. MAKE CHECK OR MONEY ORDER PAYABLE TO "TOWNSHIP OF LAWRENCE." DO NOT MAIL CASH. ALL ITEMS MUST BE ANSWERED IN WHATEVER CATEGORY YOU SELECT. PLEASE TYPE OR PRINT CLEARLY. PROOF OF IDENTITY IS REQUIRED.**

Name of Applicant	Relationship to Person Named On Requested Record (Proof may be 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"/> Genealogy <input type="checkbox"/> Other: _____
Street Address		
City State Zip Code	Telephone Number	
Signature of Applicant	Date of Application	

<b>BIRTH</b>	Full Name of Child at Time of Birth		No. of Copies Requested
	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		

**DO NOT** use this form to request a Certified Copy of a Certificate of Birth Resulting in Stillbirth. Use form REG-68 which is available on the Department's website at: [www.state.nj.us/health/vital/vital.shtml](http://www.state.nj.us/health/vital/vital.shtml). Follow the instructions carefully.

<b>MARRIAGE</b>	Name of Husband		No. of Copies Requested
	Maiden Name of Wife		Exact Date of Marriage
	Place of Marriage (City, Town or Township)		County
<b>CIVIL UNIONS</b>	Name of Partner A		No. of Copies Requested
	Name of Partner B		Exact Date of Civil Union
	Place Where Civil Union Registered (City, Town or Township)		County
<b>DOMESTIC PARTNERSHIP</b>	Name of Partner A		No. of Copies Requested
	Name of Partner B		Exact Date Registered
	Place Where Domestic Partnership Registered (City, Town or Township)		County
<b>DEATH</b>	Name of Deceased		No. of Copies Requested
	Exact Date of Death	Place of Death (City, Town or Township)	County
	Mother's Full Maiden Name		Father's Name (if recorded on the record)

**FOR TOWNSHIP 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:
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