

New Jersey Department of Health and Senior Services  
Vital Statistics and Registration

APPLICATION FOR CERTIFIED COPY OF VITAL RECORD

MAKE CHECK OR MONEY ORDER PAYABLE TO "BOROUGH OF LAKEHURST"  
DO NOT MAIL CASH OR STAMPS. PLEASE PRINT OR TYPE.

Name of Applicant <b>YOUR NAME</b>		Date of Application	THIS COLUMN FOR STATE USE ONLY		
Street Address		Relationship to Person Named in Requested Record (Required)	Cash	Check	
City	State	Zip Code	Telephone Number		
Why is a Certified Copy being requested?			MO	VIC	
<input type="checkbox"/> School/Sports <input type="checkbox"/> Soc. Sec. ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Driver License			<input type="checkbox"/> Genealogy <input type="checkbox"/> Welfare <input type="checkbox"/> Soc. Sec. Disability <input type="checkbox"/> Other Soc. Sec. Benefits		
<input type="checkbox"/> Medicare <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Other (Specify):					
<b>B I R T H</b>	Full Name of Child at Time of Birth		No. of Copies Requested	IDENTIFICATION SHOWN	
	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		
	If Child's Name Was Changed, Indicate New Name and How It Was Changed				
<b>M A R R I A G E</b>	Name of Husband		No. of Copies Requested	IDENTIFICATION SHOWN	
	Maiden Name of Wife				
	Place of Marriage (City, Township)		County		
	Date of Marriage				
<b>D E A T H</b>	Name of Deceased		No. of Copies Requested	IDENTIFICATION SHOWN	
	Place of Death (City, Town, Township, County)		Date of Death (*)		
	Residence if Different from Place of Death		Age at Death		
	Father's Name				