

BOROUGH OF AVALON
REQUEST FORM FOR VITAL RECORDS
RECORD OF BIRTH

NAME ON RECORD: _____

DATE OF BIRTH: _____

FULL MAIDEN NAME OF MOTHER: _____

NAME OF FATHER: _____

RECORD OF MARRIAGE/CIVIL UNION/DOMESTIC PARTNERSHIP

FULL NAME OF APPLICANT A: _____

FULL NAME OF APPLICANT B: _____

DATE OF MARRIAGE/CIVIL UNION/DOMESTIC PARTNERSHIP: _____

REQUEST FOR RECORD OF DEATH

FULL NAME OF DECEASED: _____

DATE OF DEATH: _____

REQUESTOR INFORMATION

NUMBER OF CERTIFICATES REQUESTED: _____ @ \$3.00 each: \$ _____

PURPOSE FOR CERTIFICATES: _____

NAME: _____

ADDRESS: _____

TELEPHONE NO.: _____

RELATIONSHIP TO PERSON ON RECORD: _____

IDENTIFICATION SHOWN: _____

SIGNATURE OF REQUESTOR: _____

DATE: _____

REGISTRAR'S PORTION

FILE NO. _____ CERTIFICATE NO. _____

IF MAILING IN FOR CERTIFIED COPIES, INCLUDE A COPY OF YOUR CURRENT DRIVER'S LICENSE AS IDENTIFICATION. MAKE CHECK/MONEY ORDER PAYABLE TO "BOROUGH OF AVALON" AND SEND TO REGISTRAR OF VITAL STATISTICS, 3100 DUNE DRIVE, AVALON, NJ 08202.