

BRICK TOWNSHIP VITAL STATISTICS

401 Chambers Bridge Road, Brick, NJ 08723
732-262-1001

APPLICATION FOR CERTIFIED COPIES OF A VITAL RECORD

Name of Person Completing Form:	Today's Date:	
Street Address:	City/Town:	
State:	Zip Code	Telephone #:
Relationship to Subject on Vital Record:		
Reason for Certificate:		
Signature:	ID Provided:	

Fee: \$10.00 each: EXACT CASH or CHECK payable to "Township of Brick"

<u>BIRTH CERTIFICATE:</u>	No. of Copies Needed: _____
Full Name of Child: _____	Exact Date of Birth: _____
Mother's Maiden Name:	Father's Name (if listed on record):
1. _____	2. _____

<u>DEATH CERTIFICATE:</u> () Please release cause of death	No. of Copies Needed: _____
Name of Deceased: _____	Exact Date of Death: _____
Deceased's Mother's Maiden Name: _____	
Deceased's Father's Name: _____	

<input type="checkbox"/> Marriage	Name of Husband/Partner:	No. of Copies Needed:
	<input type="checkbox"/> Civil Union	Maiden Name of Wife/Partner:
<input type="checkbox"/> Domestic Partnership		

MAIL REQUESTS: Enclose: Completed Application, \$10.00 per copy -Check or Money Order Payable to "Township of Brick", Photocopy of your Identification, Proof of Relationship and a self addressed, stamped envelope.

Office Use:
Cert. # _____ Payment Type: _____ Payment Amount: _____ Processed By: _____
Identification Provided: _____