

# Request for Vital Record

Township of Weymouth Township  
45 South Jersey Avenue  
Dorothy, New Jersey 08317  
Tele: 609-476-2633  
FAX: 609-476-4466

Request Date: \_\_\_\_\_

Name of Person Requesting Information: \_\_\_\_\_

Address: \_\_\_\_\_ Day Tele. \_\_\_\_\_

Relationship of Person Named in Request: \_\_\_\_\_  
(self, parent, current spouse, child, grandchild, sibling, if of legal age, legal guardian, legal representative, court order, governmental agencies – death particulars will be redacted unless a subpoena is presented)

## Verification – Documentation required from Requestor to satisfaction of Registrar.

Purpose: \_\_\_\_\_ Signature: \_\_\_\_\_

### BIRTH INFORMATION – Events Occurring under 80 Years Ago

No. Copies Requested: # \_\_\_\_\_

Exact Name on record: \_\_\_\_\_  
(First) (Middle) (Last)

Exact Place of Birth: \_\_\_\_\_ Exact Year of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### MARRIAGE INFORMATION – Events Occurring Under 50 Years Ago

No. Copies Requested: # \_\_\_\_\_

Exact Name of Husband \_\_\_\_\_  
(First) (Middle) (Last)

Exact Maiden Name of Bride: \_\_\_\_\_  
(First) (Middle) (Last)

Exact Year of Marriage \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Exact Place of Marriage \_\_\_\_\_

### CIVIL UNION INFORMATION – Events Occuring Under 50 Years

No. Copies Requested: # \_\_\_\_\_

Exact Name of Party A \_\_\_\_\_  
(First) (Middle) (Last)

Exact Name of Party B \_\_\_\_\_  
(First) (Middle) (Last)

Exact Year of Civil Union \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Exact Place of Union \_\_\_\_\_

**DEATH INFORMATION – Events Occurring Under 40 Years Ago**

No. Copies Requested: # \_\_\_\_\_

Exact Name of Deceased: \_\_\_\_\_  
(First) (Middle) (Last)

Exact Place of Death: \_\_\_\_\_ Exact Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FEES**

Certified copies of Birth, Death or Marriage records; \$10.00 for the first copy and \$5.00 for additional copies ordered at the same time.

Certification; \$.75 each

Burial Permit Fee; \$1.00 per State Statute

Outgoing Faxed Vital Statistics Application Fee; \$1.00 (Requests must be submitted in person or mailed with payment.

*No refunds of fees paid for services performed.*

Certified Copy # \_\_\_\_\_ Certification # \_\_\_\_\_

Fee: \_\_\_\_\_

Date Information will be ready: \_\_\_\_\_

Information will be available within two (2) business days, unless not computer accessible, then four business days.

**OFFICE HOURS**

Monday through Friday, 9:00 AM through 3:00 PM, except legal holidays.

**FOR OFFICE USE ONLY**

ID: Requested In Person: Photo ID with Address or two (2) alternate forms of ID such as Non-Photo Drivers License, Vehicle Registration, Insurance Card, Voter Registration, Passport, Green Card, County ID, School ID, Utility Bills or other as approved by State Registrar / Assistant State Registrar

Requested By Mail: Copy of Photo ID showing address or Photo ID without address and (1) other form of ID showing shipping address or two (2) alternate forms of ID showing shipping address – will only ship to address on ID

Fee: \$ \_\_\_\_\_ Ck \_\_\_\_\_ Csh \_\_\_\_\_ Other \_\_\_\_\_

Initials: \_\_\_\_\_

Date Request Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_