

Request for Vital Record

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

Request Date: _____

Name of Person Requesting Information: _____

Address: _____

Daytime Telephone: _____

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. of Copies Requested : _____

Exact Name on Record: _____
(First) (Middle) (Last)

Exact Date of Birth / / Exact Place of Birth _____

MARRIAGE INFORMATION - Events Occurring Under 50 Years Ago

No. of Copies Requested: _____

Exact Name of Applicant A _____
(name given at their birth) (First) (Middle) (Last)

Exact Name of Applicant B _____
(name given at their birth) (First) (Middle) (Last)

Exact Date of Marriage / / Exact Place of Marriage _____

CIVIL UNION INFORMATION - Events Occurring Under 50 Years Ago

No. of Copies Requested: _____

Exact Name of Applicant A _____
(name given at their birth) (First) (Middle) (Last)

Exact Name of Applicant B _____
(name given at their birth) (First) (Middle) (Last)

Exact Date of Civil Union / / Exact Place of Civil Union _____

DEATH INFORMATION - Events Occurring Under 40 Years Ago

No. of Copies Requested: _____

Exact Name of Deceased: _____
(First) (Middle) (Last)

Exact Date of Death / / Exact Place of Death _____

FEES

Certified copies of Birth, Marriage, Civil Union or Death 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, 8:30 AM through 3:15 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

ID: 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 _____ Cash _____ Other _____

Initials: _____

Date Request Completed: _____