BOROUGH OF ENGLISHTOWN

Application for a **Certification** or a **Certified Copy** of a Vital Record

A Certification of a vital record event is issued to those individuals with a distant or no relationship to the individual(s) listed on the vital record. It is issued for informational purposes only and cannot be used for legal or identification purposes.

A Certified Copy of a vital record is issued to those individuals who have a direct link to the individual(s) named on the vital record event, provided that the requestor is able to identify the vital record. A Certified Copy will contain the raised seal of the Borough of Englishtown and can be used for legal or identification purposes.

Please print or type. All items are required unless noted otherwise.* Proof of identity is required. Make check or money order payable to "Borough of Englishtown". **Do not mail cash.**

Name of Applicant			Relationship to Person On		Reason for Request			
			Requested Record		[] Passport [] Driver License			
Street Address					[] School/Sports			
					[] Social Security Card [] Social Security Disability			
City	State	Zip Code	Telephone Nu	ımber	[] Other Social Security Benefits			
					[] Veterans Benefits [] Medicare			
Signature of Applicant			Date of Application		[] Welfare			
					[] Genealogy [] Other (Specify)			
	Full Name of Child at Time of Birth			Number of Co	opies Requested			
B I R T H	Tun Punio of Child at Time of Birth			rvamoer or ev	opies requested			
	Place of Birth (City, Town or Township)			County				
	(2.2), 22 (2.2), 22 (2.2)							
	Exact Date of Birth			Name of Hospital (Optional)				
	Zant Suit of San		Traine of 1100	() () () () () () () () () ()				
	Mother's Full Maiden Name			Father's Name (if recorded on the record)				
	Womer of the Mandell Mande		Tuner 5 Tune	e (ii recorded or	. the record)			
	If Child's Name Was Changed, Indicate New Name and How It Was Changed							
	in China 5 Ivanic was Changed, indicate frew Ivanic and How it was Changed							
M	Name of Husband Date of Birt			h Number of Copies Requested				
A R								
R	Maiden Name of Wife Date			Exact Date of	Marriage			
I A G E	Discourse of the second of the							
	Place of Marriage (City, Town or Township)			County				
	Groom's Mother's Full Maiden Name & Fathers Name Bride's Mot			er's Full Maiden Name & Fathers Name				
	Name of Deceased							
D E A T								
	Exact Date of Death			Number of Copies				
	Place of Death (City, Town or Township)			County				
Н		T	T 1 1 2 2					
	Mother's Full Maiden Name Father's N			(if recorded on	the record)			
Birthe O	curring over 80 veers ago marriages occurri	ing over 50 vente	ago and deat	he occurring	over /III veer ago are considered			

*Births occurring over 80 years ago, marriages occurring over 50 years ago and deaths occurring over 40 year ago are considered genealogical and therefore you need only provide the name of the individual recorded on the vital record, the county where the event occurred and the year the event occurred. Multiple years may be searched at a fee of \$1.00 per additional year searched.

FOR BOROUGH USE ONLY							
Payment type:		Payment Amount:	ID Viewed:	Processed By:			
[] Cash	[] M/O			J.			
[] Check	[] Waived	\$					