



BERKELEY TOWNSHIP BOARD OF HEALTH

P.O. BOX B, BAYVILLE, N.J. 08721

Phone: 732-244-7400 ext 208

Fax: 732-505-0145

Email: registrar@twp.berkeley.nj.us

Dear Sir or Madam:

To receive a copy of a Vital Record, you must be the bride or groom, parent of either, child or grandchild of either, sibling, legal guardian or representative, or court ordered. Please complete the enclosed request and return to my attention at the above address with a check or money order for the requested copies. Please note copy fees are \$5.00 per copy. Please make checks payable to: Berkeley Township. A copy of a photo I.D. must accompany this request and this request must be notarized. If this form is not filled out in its entirety your request will be denied.

Respectfully yours,
Karen Stallings
Deputy Registrar

CERTIFICATION

I, _____, _____
(Your Name) (Relationship to Bride or Groom)

Request a Certified Copy of the Marriage Of:

_____ and _____
(Grooms Full Name as it appears on the Certificate) (Brides Full Maiden Name as it appears on the Certificate)

whose Marriage occurred on _____, hereby authorize the issuance of _____
(Date of Marriage) (Number)

certified copies of the record of Marriage of the above-mentioned. I certify that the above information supplied by me is true and I am aware that I am subject to punishment if I have falsely supplied the above information.

Sworn to and subscribed before me

Signature of Requestor this _____ day of _____ 20 _____

(Signature of Officer Administering Oath)

Table with 2 columns: PLACE OF MARRIAGE (Please Include Municipality) and ADDRESS (where document is to be sent to). Rows include Mothers Maiden Names of both the Bride & Groom, Fathers Names of both the Bride & Groom, and Phone Number.

Reason for Request: _____