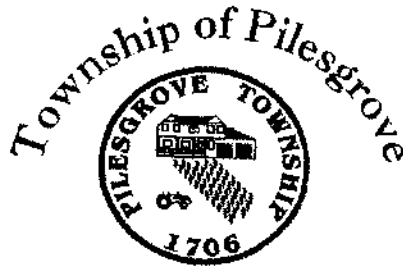


1180 Route 40
Pilesgrove, New Jersey 08098



Phone: (856) 769-3222

Fax: (856) 769-5490

County of Salem

APPLICATION FOR CERTIFIED COPY OF VITAL RECORD

Please print or type all information.

Name of Applicant _____ Date of Application _____

Street Address _____ City _____

State and Zip Code _____ Phone # _____

Relationship to Person Named in Requested Record _____

Why is Certified Copy being Requested? _____

BIRTH:

Name of Child at Birth _____

Place of Birth (City & County) _____

Date of Birth _____

Father's Name _____

Mother's Maiden Name _____

If Child's Name was Changed, Indicate New Name and How It Was

Changed _____

Number of Copies Requested _____

Fee: \$10.00

If you are requesting this record by mail, you must send a money order. This office Does not accept personal checks.

If you are requesting this record by mail, you must include a copy of a photo ID showing address, or a photo ID without address and one other form of ID showing shipping address, or 2 alternate forms of ID showing shipping address.