

1180 Route 40
Pilesgrove, New Jersey 08098



Phone: (856) 769-3222
Fax: (856) 769-5490

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 _____

Relationship to Person Named in Requested Record _____

Why is a Certified Copy being requested? _____

MARRIAGE

Name of Husband _____

Maiden Name of Wife _____

Date of Marriage _____

Place of Marriage (City, Township & County) _____

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.