## BAY HEAD BOROUGH - VITAL RECORDS 83 BRIDGE AVENUE, BAY HEAD, NJ 08742

732-892-0636

**VITAL RECORD APPLICATION FORM AND FEES:** 

 $1^{ST}$  Copy = \$20.00

2=\$23.00 3=\$26.00 4=\$29.00 5=\$32.00 6=\$35.00 7=\$38.00 8=\$41.00 9=\$44.00 10=\$47.00 Fee based on same record purchased at the same time.

✓ Certified Copy		Requestor's Relation	nship to	Requestor's Signature	e		
Certified Copy for a	Apostille Casl	Person on Record	-+10-4 e-put	22	×.		
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Certification	× 3*			Date (of request)	1, 1		
Name of Requestor			Reasons for Request				
First	Middle	3	12	Passport			
Last	,,,,			Driver's License	1/2	54	
				School / Sports Veterans' Benef	ite		
Current Mailing Address (must match address on ID)				Social Security Card / Benefits			
Street				Medicare			
City	• State	Zip Code		Welfare / Disabi	lity ·	£3 €4	
Email Address		Daytime Phot	ne Number	Other:			
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Child's Name at Birth	First	Middle :	- Andrews	Last .		. E	
No. Requested Copies	Place of Birth	1		County	Date of Birth	0	
	City	BOROUGH State N	IEW JERSEY	OCEAN	/	/	
Name of Child's Parents (name given at birth or on birth certificate / Molden Name)							
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Parent A First		Middle	*	,	* · · · · · · · · · · · · · · · · · · ·		
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Parent A First Parent B First If Child's name was cha New Name  MARRIAGE	nged:	Middie Middie		Lost  DOMESTIC PA		F. 2	
Parent A First Parent B First If Child's name was cha	nged:	Middle Middle  Describe Change:	in in the later of	Last  DOMESTIC PA	RTNERSHIP	F. 2	
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Parent A First Parent B First If Child's name was cha New Name  MARRIAGE No. Requested Copies Name of Spouses (name)	Inged:  Place of Event  City  given at birth or on birth certific	Middle  Middle  Describe Change:  CIVIL UNION  BOROUGH State Name)	in in the later of	Lost  DOMESTIC PAI  County  OCEAN		F. 2	
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Parent A First Parent B First  If Child's name was changed Name  MARRIAGE No. Requested Copies  Name of Spouses (name of Spouse A First Spouse B First  DEATH Name of Decedent	Place of Event City given at birth or on birth certific	Middle  Describe Change:  CIVIL UNION  BOROUGH State Name)  Middle	in in the later of	Last  County OCEAN  Last Last  Last	Date of Event	·	
Parent A First Parent B First If Child's name was changed New Name  MARRIAGE No. Requested Copies  Name of Spouses (name of Spouse A First Spouse B First	Place of Event City given at birth or on birth certific	Middle  Describe Change:  CIVIL UNION  BOROUGH State   Cate   Maiden Name)  Middle  Middle  Middle	NEW JERSEY	Last  County OCEAN  Last Last Last County			
Parent A First Parent B First  If Child's name was changed Name  MARRIAGE No. Requested Copies  Name of Spouses (name of Spouse A First Spouse B First  DEATH Name of Decedent	Place of Event City given at birth or on birth certific First Place of Death	Middle  Describe Change:  CIVIL UNION  BOROUGH State   Cate   Maiden Name)  Middle  Middle  Middle	in in the later of	Last  County OCEAN  Last Last  Last	Date of Event		
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Parent A First Parent B First  If Child's name was chanew Name  MARRIAGE No. Requested Copies  Name of Spouses (name of Spouse A First Spouse B First  DEATH Name of Decedent No. Requested Copies  Name of Decedent's Parent	Place of Event City given at birth or on birth certific First Place of Death City	Middle  Describe Change:  CIVIC UNION  BOROUGH State N  cate / Malden Name)  Middle  Middle  Middle  BOROUGH State N  on birth certificate / Malde	NEW JERSEY	Last County OCEAN  Last Last Last County OCEAN	Date of Event		

MAIL REQUESTS-REFER TO BAYHEADNJ.ORG MUNICIPAL DEPARTMENTS-MUNICIPAL CLERK ENCLOSE: VALID IDENTIFICATION w/Proof of Address and Proof of Connection to person of record. Payment MUST be paid by MONEY ORDER to BAY HEAD BOROUGH – Fees are listed above. Self-Addressed Stamped Envelope MUST Match Identification. Send to Address listed above.