## Bay Head Borough – Vital Records 83 Bridge Avenue, Bay Head, NJ 08742

Office Phone 732-892-0636

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

Vital Records Application Form and Fees: 2 = \$23.00 + \$3 for any additional copies Fee based on same record purchased at the same time.

Certified Copy Certified Copy for Apostille Seal Certification		Requestor's Relationship to Person on Record (proof required for cert. copy)		Req	Requestor's Signature		
				Date (of request)			
Name of requestor				Rea	Reasons for Request		
First	rst Middle				Passport Driver's License		
Last					School / Sports Veteran's Benefits		
Current Mailing Address (Must match address on ID)				■ S	ocial Security Card Iedicare	/ Benefits	
Street					<ul><li>Welfare / Disability</li><li>Other:</li></ul>		
City	State	Zip Code					
Email Address				Day	Daytime Phone Number		
□ Birth							
Child's Name at Birth	First Middle Last						
No. Requested Copies	ed Copies Place of Birth City State				County	Date of Birth	
Name of Child's parents (name given at birth or on birth certificate / Maiden Name) Parent A First Middle Last Parent B First Middle Last							
If Child's name was changed: New Name: Describe Change:							
□ Marriage	□ Marriage □ Civil Union			□ Domestic Partnership			
No. Requested Copies Plac City		of Event State		County		Date of Event	
Name of Spouses (name given at birth or on birth certificate / Maiden name) Spouse A First Middle Last Spouse B First Middle Last							
□ Death							
Name of Decedent First Middle		Middle		Last			
No. Requested Copies Place of Death City		State	County	/		Date of Death	
Name of Decedent's Parents (name given at birth or on birth certificate / Maiden Name)							
Parent A First Parent B First	Middle Last Middle Last						