



Application for Certified Copies of Vital Statistics  
**BOROUGH OF SHREWSBURY**  
 PO BOX 7420 SHREWSBURY, NJ 07702  
 TELEPHONE 732-741-4200 FAX 732-741-6549

OFFICE USE ONLY  
 File No. : \_\_\_\_\_  
 Date Comp: \_\_\_\_\_

**APPLICATION FOR A NON-GENEALOGICAL CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD**  
**APLICACIÓN PARA COPIAS CERTIFICADAS O CERTIFICACIONES DE REGISTROS CIVILES NO-ANCESTRO**

<input type="checkbox"/> I would like a <b>Certified Copy</b> . <i>(Quiero una copia certificada.)</i> When completed please: <input type="checkbox"/> Mail Certified Copies <input type="checkbox"/> Call so I can pick up Certified Copies			If available, I prefer the format of the certified copy to be: <i>(Prefiero:)</i> <input type="checkbox"/> Computer Generated copy of original. <i>(Copia del Original-Generado por Computadora)</i> <input type="checkbox"/> Digital Image/Photocopy of original. <i>(Imagen Digital/Fotocopia del Original)</i>		
Name of Applicant <i>(Nombre de Apicante)</i>		Relationship to person on record (Proof is required if certified copy requested.) <i>[Relación al individuo (Prueba es requerida para copia certificada.)]</i>		Reasons for Request: <i>(Motivo de solicitud)</i>	
Current Mailing Address ( <b>Must Match address on ID</b> ) <i>[Dirección Postal (Debe coincidir con identificación)]</i>		City State Zip Code <i>(Ciudad) (Estado) (Codigo Postal)</i>		<input type="checkbox"/> Passport <i>(Pasaporte)</i> <input type="checkbox"/> Driver's License <i>(Licencia de Conducir)</i> <input type="checkbox"/> School/Sports <i>(Escuela/Deportes)</i> <input type="checkbox"/> Veterans' Benefits <i>(Beneficios veteranos)</i> <input type="checkbox"/> Social Security Card <i>(Tarjeta Seguro Social)</i> <input type="checkbox"/> Social Security Disability <i>(SSI / Incapacidad)</i> <input type="checkbox"/> Other SS Benefits <i>(Otros beneficios de seguro social)</i> <input type="checkbox"/> Medicare <i>(Medicare)</i> <input type="checkbox"/> Welfare <i>(Asistencia Pública)</i> <input type="checkbox"/> Other <i>(Otro)</i>	
Applicant's Signature <i>(Firma del Apicante)</i>		Date of Application <i>(Fecha)</i>			

<input type="checkbox"/> <b>BIRTH</b> <i>(NACIMIENTO)</i>	Full Name of Child at Time of Birth <i>(Nombre Completo al Nacer)</i>		No. Requested Copies <i>(No. de Copias)</i>
	Place of Birth (City, Town) <i>[Lugar de Nacimiento (Ciudad, Pueblo)]</i>	County <i>(Condado)</i>	Exact Date of Birth <i>(Fecha de Nacimiento)</i>
	Child's Mother's Full Maiden Name <i>(Nombre completo de soltera de la Madre)</i>		Child's Father's Name (if on record) <i>[Nombre del Padre (si esta registrado)]</i>
	If the Child's Name was Changed, Indicate New Name and How it was Changed: <i>(Si el nombre del niño fue cambiado, indique el nuevo nombre y como fue cambiado):</i>		
<input type="checkbox"/> <b>MARRIAGE</b> <i>(MATRIMONIO)</i>	Name of Husband/ Partner <i>(Nombre de Esposo/Pareja)</i>		No. Requested Copies <i>(No. de Copias)</i>
	<input type="checkbox"/> <b>CIVIL UNION</b> <i>(UNIÓN CIVIL)</i>		Exact Date of Event <i>(Fecha Exacta del Evento)</i>
	Maiden Name of Wife/ Partner <i>(Nombre Soltera de Esposa/Pareja)</i>		
<input type="checkbox"/> <b>DOMESTIC PARTNERSHIP</b> <i>(SOCIEDAD DOMÉSTICA)</i>		Place of Event (City, Town) <i>[Lugar del Evento (Ciudad, Pueblo)]</i>	County <i>(Condado)</i>
<input type="checkbox"/> <b>DEATH</b> <i>(DEFUNCIÓN)</i>	Name of Deceased <i>(Nombre del Fallecido)</i>		Social Security Number (See Note) <i>[Numero de Seguro Social (Ver Indice)]</i>
	Exact Date of Death <i>(Fecha Exacta del Evento)</i>		Place of Event (City/Town) <i>[Lugar del Evento (Ciudad, pueblo)]</i>
	Maiden Name of Deceased Individual's Mother <i>(Nombre Soltera de la Madre)</i>		Name of Deceased Individual's Father <i>(Nombre del Padre)</i>

**Application Check List: Have you enclosed and completed all required information?**

*(Lista Comprobada: ¿A Usted Includido y Completado Toda la Información Requerida en la Aplicación?)*

- All Items on Application *(Todo Articulos en la Aplicación)*   
  Payment *(Pago)*   
  Acceptable Forms of ID *(Identificación Aceptable)*   
  Proof of Relationship *(Prueba de Parentesco)*   
  Mailing Address Matches ID *(Dirección Postal Coincidente con ID)*

**FOR STATE USE ONLY**

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Payment Amount: \$	ID Viewed:	Processed By
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**INSTRUCTIONS:** Please fill out the **Application for a Certification or a Certified Copy of a Vital Record** form. Please note this form can be used to obtain different vital records, you will need to fill in the applicant portion and the areas on the form that relate to the vital record you are requesting. You can either mail the required information or drop the information off along with a check for \$10.00 per requested copy made payable to the Borough of Shrewsbury. Our address is as follows:

Borough of Shrewsbury  
419 Sycamore Avenue  
Shrewsbury, NJ 07702

Please enclose either a copy (back and front) of your valid photo driver's license or a valid non-photo driver's license with an alternative form of ID with your current address. If you do not have a driver's license you will need to provide two alternative forms of ID, one of which must have your current address.

Acceptable alternative forms of ID include: Valid vehicle registration, vehicle insurance card, voter registration, passport, green card, county ID, or school ID. A utility bill or bank statement from within the last 90 days or a tax return from the current or previous year.

In some situations, other documentation may be needed to prove relations.

We will either call you when your document is ready (if this is desired, please indicate on your form this preference) or mail it to you when it is ready.

Our fax number is (732) 741-6549 if you should need it. Certified copies will not be released until all required documents and payment are received in the Registrar's office.

Thank You.