

BOROUGH OF RIVERTON

505A HOWARD STREET, RIVERTON, NJ 08077—(856)829-0120—(FAX) (856)-829-1413

APPLICATION FOR A CERTIFICATION OR A CERTIFIED COPY OF A VITAL RECORD

A **Certification** of a vital record event is issued to those individuals with a distant or no relationship to the individual(s) listed on the vital record. It is issued for informational purposes only and cannot be used for legal or identification purposes.

A **Certified Copy** of a vital record event is issued to those individuals who have a direct link to the individual(s) named on the vital record event, as identified in Governor McGreevey's Executive Order 18, provided that the requestor is able to identify the vital record and establish their identify. A Certified Copy will contain the raised seal of Riverton Borough and can be used for legal or identification purposes.

PLEASE TYPE OR PRINT CLEARLY! ALL ITEMS ARE REQUIRED UNLESS NOTED OTHERWISE *

PROOF OF IDENTITY IS REQUIRED-CURRENT PHOTO ID OR TWO FORMS OF IDENTIFICATION WITH SIGNATURE ON THEM.
MAKE CHECK OR MONEY ORDER PAYABLE TO "BOROUGH OF RIVERTON". (\$20.00 for first copy-\$15.00 thereafter)

Name of Applicant		Relationship to Person Named on Requested Record	Why is record being requested? <input type="checkbox"/> Passport Driver License School/Sports Social Security Card Social Security Disability Other Soc Sec Benefits Veterans Benefits Medicare Welfare Genealogy Other: _____	
Street Address				
City	State	Zip Code		Telephone Number
Signature of Applicant		Date of Application		

DO NOT use this form to request a Certified Copy of a Certificate of Birth Resulting in Stillbirth. Use form REG-68 which is Available on the Department's website at: www.state.nj.us/health/vital/vital.shtml. Follow the instructions carefully.

BIRTH	Complete	Full Name of Child at Time of Birth		Number of Copies Requested
		Place of Birth (City)	County	
		Exact Date of Birth		
		Mother's Full Maiden Name	Father's Name (if recorded on the record)	
		If Child's Name Was Changed, Indicate New Name and How It Was Changed		
MARRIAGE CIVIL UNION OR	Complete	Name of Husband/Civil Union Partner		Number of Copies Requested
		Maiden Name of Wife/Civil Union Partner		
		Place of Marriage/Civil Union	County	Exact Date of Ceremony
DOMESTIC PARTNER-SHIP	Complete	Name of Partner		Number of Copies Requested
		Name of Partner		Exact Date Registered
		Place Where Domestic Partnership Registered (City)	County	
DEATH	Complete	Name of Deceased		Number of Copies Requested
		Exact Date of Death	Place of Death (City, Town or Township)	County
		Mother's Full Maiden Name	Father's Name (if recorded on the record)	

* Births occurring over 80 years ago, marriages occurring over 50 years ago, and deaths occurring over 40 years ago are considered genealogical; therefore, exact info not required. You may provide only the name of the individual recorded on the vital record, the county where the event occurred and the year the event occurred.

FOR BOROUGH OF RIVERTON USE ONLY

Payment Type	Cash	Money Order	Payment Amount \$	ID Present & copied:	Processed by:
	Check				