

**CITY OF GLOUCESTER  
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 identity. A Certified Copy will contain the raised seal of Gloucester City 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. MAKE CHECK OR MONEY ORDER PAYABLE TO "CITY OF GLOUCESTER CITY".

**\$8.00 per copy**

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

**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](http://www.state.nj.us/health/vital/vital.shtml). Follow the instructions carefully.

Complete	Full Name of Child at Time of Birth		Number of Copies Requested	
	Place of Birth (City) <b>Gloucester City</b>	County <b>Camden</b>		
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				
Complete	Name of Husband	Husband's DOB	Number of Copies Requested	
	Husband's Mother's Maiden Name	Husband's Father's Name	Exact Date of Marriage	
	Wife's Maiden Name	Wife's DOB		
	Wife's Mother's Maiden Name	Wife's Father's Name		
Complete	Name of Partner	Number of Copies Requested		
	Name of Partner	Exact Date Registered		
	Place Where Domestic Partnership Registered (City) <b>Gloucester City</b>	County <b>Camden</b>		
Complete	Name of Partner	Number of Copies Requested		
	Name of Partner	Place of Civil Union <b>Gloucester City</b>	County <b>Camden</b>	
	Date of Civil Union			
Complete	Name of Deceased	Number of Copies Requested		
	Exact Date of Death	Place of Death (City, Town or Township) <b>Gloucester City</b>	County <b>Camden</b>	
DEATH	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, and therefore, exact information is 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 CITY OF GLOUCESTER CITY USE ONLY			
Payment Type	Cash Check Money Order	Payment Amount \$	Processed by:
		ID Viewed:	

Please return completed form with check payable to Gloucester City to Kathy Jentsch, Registrar, City of Gloucester, 512 Monmouth St. Gloucester City, NJ 08030 – questions please contact me at 856-456-0205 ext. 218