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CITY OF GLOUCESTER
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$12.00 per copy
Checks payable to Gloucester City

APPLICATION FOR A CERTIFIED COPY OR CERTIFICATION (GENEALOGY) OF A VITAL RECORD

Mail in requests: Please enclose payment, self addressed stamped envelope, copy of your photo ID or two forms of ID without a photo.

Acceptable Forms of ID: Current valid photo driver's license OR two alternate forms of ID, one of which must have current address

Alternate Forms of ID: Vehicle reg. or ins. card, voter reg. card, passport, immigrant visa, green card, Federal/State ID, County or School ID, Current Bank Statement or Utility Bill, tax return or W-2 for previous year

☐ I would like a ***Certified Copy*** ☐ I would like a ***Certification for Genealogy***

Name of Applicant	Relationship to person on record (Proof is required if certified copy requested) ☐Self ☐Parent ☐Sibling ☐Child 18+ ☐Spouse ☐Grandchild ☐Legal Guardian/Rep. ☐Gov't agencies for official use	Reason for Request: ☐Passport ☐Driver's License ☐School/Sports ☐Veterans' Benefits ☐Social Security Card/ SS Disability ☐Medicare ☐Welfare ☐Other
Current Mailing Address		
City State Zip Code	Telephone Number	
Applicant's Signature	Date of Application	

☐ **MARRIAGE** ☐ **CIVIL UNION** ☐ **DOMESTIC PARTNERSHIP**	**Husband/Partner** **Name of Husband/Partner** _____ **Mother's Full Maiden Name** _____ **Father's Full Name** _____ **Wife/Partner** **Birth Name of Wife/Partner** _____ **Mother's Full Maiden Name** _____ **Father's Full Name** _____	**No. of Copies Requested** _____ **Exact Date of Event** _____
	Place of Event (City) GLOUCESTER CITY	**County CAMDEN**

☐ **BIRTH**	**Full Name of Child at Time of Birth**		**No. of Copies Requested**
	Place of Birth (City) GLOUCESTER CITY		**County CAMDEN**
	Date of Birth	**Mother's Full Maiden Name**	**Father's Name**
	If child's name was changed, indicate new name and how it was changed		

☐ **DEATH**	**Name of Deceased**		**No. of Copies Requested**
	Exact Date of Death	**Place of Event (City) GLOUCESTER CITY**	**County CAMDEN**
	Maiden Name of Deceased Individual's Mother		**Name of Deceased Individual's Father**

Application Checklist: Have you enclosed and completed all required information?

☐All Items on Application ☐Payment ☐Acceptable Forms of ID ☐Proof of Relationship ☐Mailing Address Matches ID

FOR OFFICIAL USE ONLY

☐Cash ☐M/O ☐Check **Processed By:** _____	**Payment Amount:**	**ID Viewed (if requesting for self)**	**ID Viewed (proof of relationship)**	**Cert Numbers:**