

## 321 BALTIMORE BOULEVARD P.O. BOX 296, SEA GIRT, NJ 08750 TEL: 732-449-9433 FAX 732-974-8296 www.seagirt-nj.gov

## **OFFICE OF VITAL STATICS**

Type of Rec	cord:					
Birth		Death				
Marriage			Domestic Partnership/Civil Union			
Name(s) oi	n record (Birth or Death	):				
Marriage R	ecord Only:					
Applicant A	: Name:					
Applicant B	: Name:					
Date of Eve	nt:					
# of certificates requested:		At \$10.00 each (cash, check, money order) Payable to "Borough of Sea Girt"				
Name:						
Address:						
Phone:						
Date of Rec	juest:					
Relationshi	p of Individual(s) on Rec	ord:				
Self	Mother	Father	Child	Sibling	Legal Rep	Guardian
Spouse	Funeral Director	Other:				
NOTE: ID is rec	wired to obtain vital records s	ich as a valid Driver	's license (nhoto)	with current addres	s and signature. Other i	forms of ID would be

NOTE: ID is required to obtain vital records such as a valid Driver's License (photo), with current address and signature. Other forms of ID would be County ID, valid school ID, valid passport, Board of Social Service ID and proof of address.

If you have no ID you can have an immediate relative request the record on your behalf. Guardians of a minor child must submit court documents of guardianship along with ID.

FOR OFFICE USE ONLY

## CERTIFICATE #: