

Township of Edgewater Park Office of Vital Statistics
400 Delanco Road
Edgewater Park, NJ 08010
609-877-2217 or 2050
Fax 609-877-2308

Request for a Certified Vital Record

Your Name: _____ Signature: _____

PLEASE HAVE YOUR PHOTO ID READY

Address: _____ Telephone #: _____

City: _____ State _____ Zip Code: _____

Relationship to person name in request: _____

For a Birth Certificate:

Number of Copies: _____

Full name of child at birth: _____

Date of Birth: _____

Mother's Maiden Name: _____

Father's Name: _____

New name if child's name was changed: _____

For a Marriage Record:

Number of Copies: _____

Name of Husband: _____

Maiden name of wife: _____

Place of Marriage: _____

Date of Marriage: _____

For a Death Certificate:

Number of Copies: _____

Name of Deceased: _____

Date of Death: _____ Age at Death _____

Father's name: _____ Mother's name: _____

Residence at time of death: _____

Do you require cause of death on the certificate? Yes _____ No _____

For a Domestic Partnership Record:

Number of Copies: _____

Name of Domestic Partner 1: _____

Name of Domestic Partner 2: _____

Place Domestic Partnership Affidavit Filed: _____

Date of Domestic Partnership: _____

Cost is \$25 by mail [please include a self addressed envelope],
or \$25 in person. Addition copies of the same record are \$15 each.

Mail requests mail be sent to the above address.

Valid photo id with signature and current address or two other forms of id must be
presented, **If mailing send a photo copy of your ID.**

Office Use Only

Date Issued _____ **Sequence Number** _____

ID Given _____