

**APPLICATION FOR A NON-GENEALOGICAL CERTIFICATION  
OR CERTIFIED COPY OF A VITAL RECORD**

<https://www.frankfordtownship.org> or visit: <http://www.nj.gov/health/vital>



**FRANKFORD TOWNSHIP**  
151 US HIGHWAY 206  
AUGUSTA, NJ 07822  
973-948-5084

<input type="checkbox"/> <b>Certified Copy</b> <input type="checkbox"/> <b>Certified Copy for an Apostille Seal</b> <input type="checkbox"/> <b>Certification</b>	<b>Requestor's Relationship to Person on Record</b> <i>(proof is required for certified copy)</i>	<b>Requestor's Signature</b>  <hr/>
		<b>Date (of request)</b> /       /
<b>Name of Requestor</b>  First _____ Middle _____ Last _____		<b>Reasons for Request</b> <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> School / Sports <input type="checkbox"/> Veterans' Benefits <input type="checkbox"/> Social Security Card / Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare / Disability <input type="checkbox"/> Other: _____
<b>Current Mailing Address</b> <i>(must match address on ID)</i>  Street _____ City _____ State _____ Zip Code _____		
<b>Email Address</b>  _____ @ _____ . _____	<b>Daytime Phone Number</b>  ( _____ ) _____ - _____	

<input type="checkbox"/> <b>BIRTH</b>			
<b>Child's Name at Birth</b>	First _____ Middle _____ Last _____		
<b>No. Requested Copies</b>	<b>Place of Birth</b> City _____ State _____	<b>County</b>	<b>Date of Birth</b> / /
<b>Name of Child's Parents</b> <i>(name given at birth or on birth certificate / Maiden Name)</i>			
<b>Parent A</b>	First _____ Middle _____ Last _____		
<b>Parent B</b>	First _____ Middle _____ Last _____		
<b>If Child's name was changed:</b>			
New Name _____		Describe Change: _____	

<input type="checkbox"/> <b>MARRIAGE</b>	<input type="checkbox"/> <b>CIVIL UNION</b>	<input type="checkbox"/> <b>DOMESTIC PARTNERSHIP</b>
<b>No. Requested Copies</b>	<b>Place of Event</b> City _____ State _____	<b>County</b>
		<b>Date of Event</b> / /
<b>Name of Spouses</b> <i>(name given at birth or on birth certificate / Maiden Name)</i>		
<b>Spouse A</b>	First _____ Middle _____ Last _____	
<b>Spouse B</b>	First _____ Middle _____ Last _____	

<input type="checkbox"/> <b>DEATH</b>			
<b>Name of Decedent</b>	First _____ Middle _____ Last _____		
<b>No. Requested Copies</b>	<b>Place of Death</b> City _____ State _____	<b>County</b>	<b>Date of Death</b> / /
<b>Name of Decedent's Parents</b> <i>(name given at birth or on birth certificate / Maiden Name)</i>			
<b>Parent A</b>	First _____ Middle _____ Last _____		
<b>Parent B</b>	First _____ Middle _____ Last _____		

**Have you enclosed and completed all required information?**

**\*Do not send original documents. Copies only\***

☐ Completed Application  
☐ Payment

☐ Proof of Relationship  
☐ Acceptable Forms of ID  
☐ Mailing Address Matches ID

REG-2/a  
APR 19  
J1023

FOR OFFICE USE ONLY			
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Waived	Amount: \$ _____	<input type="checkbox"/> ID Viewed	Processed By: _____