Borough of Collingswood
Office of Vital Statistics
678 Haddon Ave.
Collingswood, NJ 08108
856-854-0720 ext. 110 or 120

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

Mail in requests: Please enclose payment, a self addressed envelope a copy of you photo identification or two forms of ID without a photo. There is an $15.00 fee for each certified copy issued. Please make checks payable to the Borough of Collingswood.

Name of Applicant			**Relationship to Person Named on Requested Record (Proof may be required)**
Street Address			
City	**State**	**Zip Code**	**Telephone Number**
Signature of Applicant		**Reason for Request**	**Date of Application**

☐ **Birth**	**Full Name of Child at Time of Birth**		**No. of Copies Requested**
	Place of Birth (City, Town Township)		**County**
	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		

☐ **Marriage**	**Name of Spouse / Partner (at birth)**	**No. of Copies Requested**
	Name of Spouse / Partner (at birth)	**Date of Ceremony**
☐ **Civil Unions**	**Place of Ceremony**	**County**

☐ **Domestic Partner**	**Name of Partner**	**No. of Copies Requested**
	Name of Partner	**Date Registered**
	Place where Domestic Partnership was Registered	**County**

☐ **Death***	**Name of Deceased**		**No. of Copies Requested**
	Date of Death	**Place of Death (City, Town, Township)**	**County**
	Mother's Full Maiden Name	**Father's Name**	

*PLEASE COMPLETE BACK OF PAGE WHEN APPLYING FOR A COPY OF A DEATH RECORD

REQUEST FOR A COPY OF A CERTIFIED DEATH RECORD

I, _____, _____
(APPLICANT) (RELATIONSHIP)

to decedent , hereby authorize the issuance of certification of the death record of _____ disclosing the cause of death section. I certify that the above information, supplied by me is true. I am aware I am subject to punishment if I have falsely supplied the above information.

_____
(SIGNATURE)