POINT PLEASANT BOROUGH - VITAL RECORDS

2233 Bridge Avenue - PO Box 25 Point Pleasant, NJ 08742
Phone # 732-892-4183 Fax # 732-892-7351

VITAL RECORD APPLICATION FORM and FEES: 1st Copy = $20.00

2=$25.00 3=$30.00 4=$35.00 5=$40.00 6=$45.00 7=$50.00 8=$55.00 9=$60.00 10=$65.00

Fee based on same record purchased at the same time.

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

☐ **BIRTH**

Child's Name at Birth	*First* *Middle* *Last*		
No. Requested Copies	**Place of Birth** *City* POINT PLEASANT BOROUGH *State* NEW JERSEY	**County** OCEAN	**Date of Birth** / /
Name of Child's Parents *(name given at birth or on birth certificate / Maiden Name)* **Parent A** *First* *Middle* *Last* **Parent B** *First* *Middle* *Last*			
If Child's name was changed: *New Name* *Describe Change:*			

☐ **MARRIAGE** ☐ **CIVIL UNION** ☐ **DOMESTIC PARTNERSHIP**

No. Requested Copies	**Place of Event** *City* POINT PLEASANT BOROUGH *State* NEW JERSEY	**County** OCEAN	**Date of Event** / /
Name of Spouses *(name given at birth or on birth certificate / Maiden Name)* **Spouse A** *First* *Middle* *Last* **Spouse B** *First* *Middle* *Last*			

☐ **DEATH**

Name of Decedent	*First* *Middle* *Last*		
No. Requested Copies	**Place of Death** *City* POINT PLEASANT BOROUGH *State* NEW JERSEY	**County** OCEAN	**Date of Death** / /
Name of Decedent's Parents *(name given at birth or on birth certificate / Maiden Name)* **Parent A** *First* *Middle* *Last* **Parent B** *First* *Middle* *Last*			

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MAIL REQUESTS-Refer to PTBORO.COM Municipal Departments-Board of Health-Vital Records

ENCLOSE: VALID IDENTIFICATION w/Proof of Address and Proof of Connection to person of record

Payment MUST be paid by MONEY ORDER to POINT PLEASANT BOROUGH – Fees are listed above.

Self-Addressed Stamped Envelope MUST Match Identification

Send to Address as listed above - CALL to review as needed # 732-892-4183