Borough of Milltown
Registrar of Vital Statistics
39 Washington Ave.
Milltown, NJ 08850
(732)828-2100 ext. 181

Application for Non-Genealogical Certified Copy of Vital Record

Fees
Death Certificates
$25 for the first copy, $2 for additional copies ordered at the same time
Birth, Marriage, Domestic Partnership or Civil Union
$15 per copy

☐ *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* *State*	**County**	**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* *State*	**County**	**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* *State*	**County**	**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*

Have you enclosed and completed all required information?

☐ Completed Application
☐ Payment
☐ Proof of Relationship
☐ Acceptable Forms of ID
☐ Mailing Address Matches ID

REG-37a
SEP 17

FOR STATE USE ONLY			
Payment Type: ☐ Cash ☐ M/O ☐ Check ☐ Waived	**Amount:** $	☐ ID Viewed	**Processed By:**