

**APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD**

A Certified Copy may be issued to those individuals who have a direct link to the registrant listed on the vital record event, as identified in Executive Order 18 of 4/24/2002, provided you are able to identify the record, and show proof of the relationship. **A certified copy contains the raised seal of the City of Perth Amboy and may be used for legal purposes.**

**YOU MUST SHOW PROOF OF IDENTITY, OF ADDRESS, AND OF RELATIONSHIP**

Fee \$ \_\_\_\_\_. Remit Cash or Money Order payable to City of Perth Amboy. Do not mail cash

<b>PRINT YOUR NAME:</b>		<b>Your relationship to person named on record.</b>	
<b>Street Address</b>		<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Current Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Phone Number:</b>	<b>Date of Application:</b>		
<b>Your Signature:</b>		<b>Why is record being requested? (check one)</b>	
		<input type="checkbox"/> Passport <input type="checkbox"/> Driver License <input type="checkbox"/> Social Security <input type="checkbox"/> Travel <input type="checkbox"/> School <input type="checkbox"/> Veterans <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Other:	
<b>B I R T H</b>	<b>Full Name of Child on Birth Record:</b>		<b>No. of Copies Requested:</b>
	<b>Exact Date of Birth:</b> Month      Day      Year		<b>If Child's Name's been Changed, indicate new name:</b>
	<b>Mother's Name on Birth Certificate (Before Marriage):</b>		<b>Father's Name on Birth Certificate</b>
<b>M A R R I A G E</b>	<b>Full Name of Husband:</b>		<b>No. of Copies Requested:</b>
	<b>Full Maiden Name of Wife (Before Marriage):</b>		<b>Exact Date of Marriage:</b> Month _____ Day _____ Year _____
<b>D E A T H</b>	<b>Name of Deceased:</b>		<b>No. of Copies Requested:</b>
	<b>Exact Date of Death</b> Month _____ Day _____ Year _____		<b>Immediate Cause of death won't be included on the Death Certificate unless specifically requested: ___ with cause of death ___ without cause of death</b>
<input type="checkbox"/> <b>Civil Union or</b> <input type="checkbox"/> <b>Domestic Partnership</b>		<b>No. of Copies</b>	<b>Name of Partner A:</b>
<b>Date of Ceremony:</b> Month _____ Day _____ Year _____			<b>Name of Partner B:</b>

**FOR OFFICE USE ONLY**

<b>ID Viewed:</b>	<b>Payment Type:</b>	<b>Payment Amount:</b>
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