City of Perth Amboy **Department of Health** Office of Vital Statistics

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

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

Your Relationship to Person Named on Record being requested: ___Self ___ Parent ___ other (Specify)_____	**Applicant's Name (Your Name):**	
What is the purpose for requesting this record? ___ School ___Soc. Sec. ___ Driver Lic. ___Other (specify) _____	**Signature:**	
Address: _ **City, State, Zip Code** _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	**Phone Number:** _ _ _- _ _ _-_ _ _ _	**Date of Application:**

☐ **BIRTH Record** Fee: **$15.00** per certificate	**Exact Date of Birth**: Month _____Day _____Year _____	No. of Copies
Full Name as it appears on Record: First Middle Last		
Name of Parents if established on record (for Mother, provide full maiden name): _ and _		

☐ **MARRIAGE** Fee: **$15.00** ☐ **RE-MARRIAGE** per certificate	**Exact Date of Marriage Ceremony**: Month _____ Day _____Year _____	No. of Copies
Full Name of Husband:	**Full Maiden Name of Wife (as it appears on birth certificate)**:	

☐ **Civil Union** Fee: **$15.00** per certificate ☐ **Reaffirmation of Civil Union**	**Exact Date of Civil Union Ceremony:** Month _____ Day _____Year _____	No. of Copies
Name of Partner A:	Name of Partner B:	
☐ **Domestic Partnership** Fee: **$15.00** per certificate	**Exact Date of Domestic Partnership Registration** Month _____ Day ____ Year _____	No. of Copies
Name of Partner A:	Name of Partner B:	

☐ **DEATH Record** Fee: **$10.00** Per Certificate	**Exact Date of Death:** Month _____ Day ____ Year _____	No. of Copies
Name of the Deceased:		

FOR OFFICE USE ONLY

ID Viewed:	
Payment Type: Check #	CODE: ____ BC ____MC ___CU ___DP ____DC
Money Order #	Certificate(s) #:
Waived (reason)	
Other	Payment Amount: $