



PLAINSBORO TOWNSHIP

Township Clerk's Office

641 Plainsboro Road

Plainsboro, NJ 08536

Telephone: (609) 799-0909 ext. 2547

Fax: (609) 799-9204

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

A **Certified Copy** of a vital record is issued to those individuals who have a direct link to the individual(s) named on the vital record, as identified in the Governor's Executive Order 18, and provided that the requestor is able to identify the vital record and can provide proof of his identity and relationship.

ALL COPIES \$15.00 EACH. PLEASE MAKE MONEY ORDER PAYABLE TO "PLAINSBORO TOWNSHIP". Please type or print clearly. Submit a copy of Photo ID showing the address to which the record will be mailed or 2 alternate forms of ID showing name and address – (insurance card, voter registration, utility bill, lease, bank statement or deed) **MONEY ORDERS are the ONLY acceptable payment via US Mail.**

PLAINSBORO TOWNSHIP

**APPLICATION FOR A NON-GENEALOGICAL CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD
 APLICACIÓN PARA COPIAS CERTIFICADAS Ó CERTIFICACIONES DE REGISTROS CIVILES NO-ANCESTRO**

<input type="checkbox"/> I would like a Certified Copy . (Quiero una copia certificada.) <input type="checkbox"/> I would like a Certification . (Quiero una certificación.) Documents in need of an Apostille Seal must be obtained from the State. (Registros que necesitan un Sello de Apostille, deben ser obtenidos por la Oficina Estatal.)			If available, I prefer the format of the certified copy to be: (Prefiero): <input type="checkbox"/> Computer-generated copy of original. (Copia del Original-Generado por Computadora) <input type="checkbox"/> Digital Image/Photocopy of original. (Imagen Digital/Fotocopia del Original)		
Name of Applicant (Nombre de Apicante)		Relationship to person on record (Proof is required if certified copy requested.) [Relación al individuo (Prueba es requerida para copia certificada.)]		Reasons for Request: (Motivo de solicitud) <input type="checkbox"/> Passport (Pasaporte) <input type="checkbox"/> Driver's License (Licencia de Conducir) <input type="checkbox"/> School/Sports (Escuela/Deportes) <input type="checkbox"/> Veterans' Benefits (Beneficios veteranos) <input type="checkbox"/> Social Security Card (Tarjeta Seguro Social) <input type="checkbox"/> Social Security Disability (SSI / Incapacidad) <input type="checkbox"/> Other SS Benefits (Otros beneficios de seguro social) <input type="checkbox"/> Medicare (Medicare) <input type="checkbox"/> Welfare (Asistencia Pública) <input type="checkbox"/> Other (Otro)	
Current Mailing Address (Must Match address on ID) [Dirección Postal (Debe coincidir con identificación)]					
City (Ciudad)	State (Estado)	Zip Code (Codigo Postal)	Daytime Telephone Number (Número Telefónico)		
Applicant's Signature (Firma del Apicante)			Date of Application (Fecha)		

<input type="checkbox"/> BIRTH (NACIMIENTO)	Full Name of Child at Time of Birth (Nombre Completo al Nacer)		No. Requested Copies (No. de Copias)
	Place of Birth (City, Town) [Lugar de Nacimiento (Ciudad, Pueblo)]	County (Condado)	Exact Date of Birth (Fecha de Nacimiento)
	Child's Mother's Full Maiden Name (Nombre completo de soltera de la Madre)		Child's Father's Name (if on record) [Nombre del Padre (si esta registrado)]
	If the Child's Name was Changed, Indicate New Name and How it was Changed: (Si el nombre del niño fue cambiado, indique el nuevo nombre y como fue cambiado):		
<input type="checkbox"/> MARRIAGE (MATRIMONIO) <input type="checkbox"/> CIVIL UNION (UNIÓN CIVIL) <input type="checkbox"/> DOMESTIC PARTNERSHIP (SOCIEDAD DOMÉSTICA)	Name of Husband/ Partner (Nombre de Esposo/Pareja)		No. Requested Copies (No. de Copias)
	Maiden Name of Wife/ Partner (Nombre Soltera de Esposa/Pareja)		Exact Date of Event (Fecha Exacta del Evento)
	Place of Event (City, Town) [Lugar del Evento (Ciudad, Pueblo)]		County (Condado)
<input type="checkbox"/> DEATH (DEFUNCIÓN)	Name of Deceased (Nombre del Fallecido)	Social Security Number (See Note) [Numero de Seguro Social (Ver Indica)]	No. Requested Copies (No. de Copias)
	Exact Date of Death (Fecha Exacta del Evento)	Place of Event (City/Town) [Lugar del Evento (Ciudad, pueblo)]	County (Condado)
	Maiden Name of Deceased Individual's Mother (Nombre Soltera de la Madre)		Name of Deceased Individual's Father (Nombre del Padre)

Application Checklist: Have you enclosed and completed all required information?

(Lista Comprobada: ¿A Usted Incluido y Completado Toda la Información Requerida en la Aplicación?)

- | | | | | |
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| <input type="checkbox"/> All Items on Application
(Todo Artículos en la Aplicación) | <input type="checkbox"/> Payment
(Pago) | <input type="checkbox"/> Acceptable Forms of ID
(Identificación Aceptable) | <input type="checkbox"/> Proof of Relationship
(Prueba de Parentesco) | <input type="checkbox"/> Mailing Address Matches ID
(Dirección Postal Coincidente con ID) |
|--|--|---|--|--|

FOR OFFICIAL USE ONLY

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Payment Amount: \$	ID Viewed:	Processed By
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