

**BOROUGH OF TUCKERTON MUNICIPAL CLERK' S OFFICE**

**APPLICATION  
FOR CERTIFIED COPY FOR VITAL RECORD**

CERTIFIED COPIES ARE \$4.00 EACH

MAKE CHECK OR MONEY ORDER PAYABLE TO TUCKERTON BOROUGH

Name of Applicant			Date of Application
Street Address			Relationship to Person Named in Requested Record <i>(required)</i>
City	State	Zip Code	Telephone No.

Why is a Certified Copy Being Requested?

- |                                                  |                                                   |                                           |
|--------------------------------------------------|---------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Schools/Sports          | <input type="checkbox"/> Genealogy                | <input type="checkbox"/> Medicare         |
| <input type="checkbox"/> Social Security ID Card | <input type="checkbox"/> Welfare                  | <input type="checkbox"/> Veteran Benefits |
| <input type="checkbox"/> Passport                | <input type="checkbox"/> Soc. Sec. Disability     | <input type="checkbox"/> Other (specify)  |
| <input type="checkbox"/> Driver License          | <input type="checkbox"/> Other Soc. Sec. Benefits |                                           |

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Full Name of Child at Time of Birth		No. of Copies Requested
Place of Birth (City, Town or Township)		County
Date of Birth (*)	Name of Hospital, if Any	
Father's Name		
Mother's Maiden Name		
If Child's Name Was Changed, Indicate New Name And How It Was Changed		

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Name of Husband		No. of Copies Requested
Maiden Name of Wife		
Place of Marriage (City, Township)		County
Date of Marriage		

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Name of Deceased		No. of Copies Requested
Place of Death (City, Town, Township, County)		Date of Death (*)
Residence if Different from Place of Death		Age at Death
Father's Name		
Mother's Maiden name		