



Hope Township

407 Hope-Great Meadows Road
P.O. Box 284
Hope, New Jersey 07844

APPLICATION FOR A NON-GENEALOGICAL CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD

*\$10 per copy
check/cash/money order*

<input type="checkbox"/> Certified Copy <input type="checkbox"/> Certified Copy for an Apostille Seal <input type="checkbox"/> Certification	Requestor's Relationship to Person on Record <i>(proof is required for certified copy)</i>	Requestor's Signature
		Date (of request) / /
Name of Requestor First _____ Middle _____ Last _____		Reasons for Request <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> School / Sports <input type="checkbox"/> Veterans' Benefits <input type="checkbox"/> Social Security Card / Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare / Disability <input type="checkbox"/> Other: _____
Current Mailing Address (must match address on ID) Street _____ City _____ State _____ Zip Code _____		
Email Address _____ @ _____ . _____	Daytime Phone Number (_____) _____ - _____	

<input type="checkbox"/> 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 _____			

<input type="checkbox"/> MARRIAGE	<input type="checkbox"/> CIVIL UNION	<input type="checkbox"/> 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 _____		

<input type="checkbox"/> 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

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