

Town of Phillipsburg
 Att: Clerk's Office
 120 Filmore Street
 Phillipsburg, NJ 08865

Payment by mail: 15.00 Money Order
 made out to - Town of Phillipsburg

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

<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

REG-37a
 SEP 17

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: _____