



BERKELEY TOWNSHIP BOARD OF HEALTH

P.O. BOX B, BAYVILLE, N.J. 08721

Phone: 732-244-7400 ext 208

Fax: 732-505-0145

Email: registrar@twp.berkeley.nj.us

Dear Sir or Madam:

To receive a copy of a Vital Record, you must be the subject of the record, parent of either, child or grandchild of either, sibling, legal guardian or representative, or court ordered. Please complete the enclosed request and return to my attention at the above address with a check or money order for the requested copies. Please note copy fees are \$5.00 per copy. Please make checks payable to: Berkeley Township. A copy of a photo I.D. must accompany this request and this request must be notarized.

If this form is not filled out in its entirety your request will be denied.

Respectfully yours,
Karen Stallings
Deputy Registrar

Date _____

CERTIFICATION

I, _____, _____
(Requestors Name) (Relationship)

Request a Certified Copy of the Civil Union Of:

and

(partner A's Full Name at Birth as it appears on the Certificate) (Partner B's Full Name at Birth as it appears on the Certificate)

whose Civil Union occurred on _____

(Exact Date of CIVIL UNION)

hereby authorize the issuance of _____ certified copies of the Civil Union Record of the
(NUMBER of copies)

above-mentioned. I certify that the above information supplied by me is true and I am aware that I am subject to punishment if I have falsely supplied the above information.

Sworn to and subscribed before me

Signature of Requestor _____ this _____ day of _____ 20 _____

(Signature of Officer Administering Oath)

Table with 2 columns: PLACE OF Civil Union (Please Include Municipality) and ADDRESS (where document is to be sent to). Rows include Partner A's Mothers Maiden Name And Father's Name, Partner B's Mothers Maiden Name and Father's Name, City, State, Zip Code, and Phone Number.

Reason for Request: _____