

*Lumberton Township Office of Vital Statistics*  
*35 Municipal Drive*  
*-Lumberton, New Jersey 08048-3032*  
*609.267.3217 ext 3102*

**Request for a Certified Vital Record**

Your Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE HAVE YOUR PHOTO ID READY!!**

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to person named in request: \_\_\_\_\_

Complete the appropriate section **IN FULL**:

**FOR A BIRTH CERTIFICATE:**

*Number of Copies:* \_\_\_\_\_

Full name of child at birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mother's Maiden name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

New name if child's name was changed: \_\_\_\_\_

**FOR A MARRIAGE RECORD:**

*Number of Copies:* \_\_\_\_\_

Name of Husband: \_\_\_\_\_

Maiden name of Wife: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

**FOR A DEATH CERTIFICATE:**

*Number of Copies:* \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_ *Age at Death:* \_\_\_\_\_

Father's name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Residence at time of death: \_\_\_\_\_

Do you require Cause of Death on the certificate? Yes \_\_\_\_\_ No \_\_\_\_\_

COST IS \$15 BY MAIL, (PLEASE INCLUDE A SELF ADDRESSED STAMPED ENVELOPE),  
OR \$15 IN PERSON. ADDITIONAL COPIES OF THE SAME RECORD ARE \$5 EACH.

MAIL REQUESTS MAY BE SENT TO THE ABOVE ADDRESS.

VALID PHOTO ID WITH SIGNATURE & CURRENT ADDRESS OR TWO OTHER  
FORMS OF ID MUST BE PRESENTED. IF MAILING, SEND A PHOTOCOPY OF  
YOUR ID.