

**BOROUGH OF CAPE MAY POINT**  
Local Registrar's Office  
215 Lighthouse Avenue, Cape May Point, NJ 08212 – (609) 884-8468 ext. 12

**Instructions for Ordering Certified Copies of a Vital Record – \$10.00 per copy**

**To get a copy of a vital record, you must submit, either in person or by mail:**

- A completed application; all information identifying the record must be accurately identified in the application or no record can be provided
- Valid identification with current address (see below) which must match the address on the application
- The correct fee
- Proof of your relationship to the person listed on the vital record (see below)
- A self-addressed, stamped envelope (only if requesting by mail)

**Acceptable Forms of Identification:**

- Valid photo driver's license or photo non-driver's license
- Valid driver's license without photo and an alternate form of ID with current address, such as US/Foreign passport, vehicle registration card, voter registration card, immigrant visa, utility bill or bank statement (within last 3 months).

**To establish proof of relationship for...**

- Your own record – valid ID is acceptable as long as your name matches; if your name has changed, then you must provide proof linking your current name to that shown on the record
- A spouse/civil union partner – provide a copy of your marriage/civil union certificate
- A parent's or sibling's record – provide a copy of your birth certification with your parents' name
- A child's record – provide a copy of your child's birth certificate which shows your name
- A grandparent's record – provide your birth certification to identify your parent; also a copy of your parent's birth certificate to identify the grandparent; if your name has changed – provide a copy of your marriage/civil union certificate or legal name change to show your name at birth.

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

<input checked="" type="checkbox"/> <b>Certified Copy</b> <input type="checkbox"/> <b>Certified Copy for an Apostille Seal</b> <input type="checkbox"/> <b>Certification</b>	<b>Requestor's Relationship to Person on Record</b> <i>(proof is required for certified copy)</i>	<b>Requestor's Signature</b>  Date (of request)     /     /
<b>Name of Requestor</b> First _____ Middle _____ Last _____		<b>Reasons for Request</b> <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: _____
<b>Current Mailing Address</b> <i>(must match address on ID)</i> Street _____ City _____ State _____ Zip Code _____		
<b>Email Address</b> _____ @ _____ . _____	<b>Daytime Phone Number</b> ( _____ ) _____ - _____	

<input type="checkbox"/> <b>BIRTH</b>			
<b>Child's Name at Birth</b>	First _____ Middle _____	Last _____	
<b>No. Requested Copies</b>	<b>Place of Birth</b> City _____ State _____	<b>County</b>	<b>Date of Birth</b> ____ / ____ / ____
<b>Name of Child's Parents</b> <i>(name given at birth or on birth certificate / Maiden Name)</i>			
<b>Parent A</b>	First _____ Middle _____	Last _____	
<b>Parent B</b>	First _____ Middle _____	Last _____	
<b>If Child's name was changed:</b>			
New Name _____		Describe Change _____	

<input type="checkbox"/> <b>MARRIAGE</b>	<input type="checkbox"/> <b>CIVIL UNION</b>	<input type="checkbox"/> <b>DOMESTIC PARTNERSHIP</b>	
<b>No. Requested Copies</b>	<b>Place of Event</b> City _____ State _____	<b>County</b>	<b>Date of Event</b> ____ / ____ / ____
<b>Name of Spouses</b> <i>(name given at birth or on birth certificate / Maiden Name)</i>			
<b>Spouse A</b>	First _____ Middle _____	Last _____	
<b>Spouse B</b>	First _____ Middle _____	Last _____	

<input type="checkbox"/> <b>DEATH</b>			
<b>Name of Decedent</b>	First _____ Middle _____	Last _____	
<b>No. Requested Copies</b>	<b>Place of Death</b> City _____ State _____	<b>County</b>	<b>Date of Death</b> ____ / ____ / ____
<b>Name of Decedent's Parents</b> <i>(name given at birth or on birth certificate / Maiden Name)</i>			
<b>Parent A</b>	First _____ Middle _____	Last _____	
<b>Parent B</b>	First _____ Middle _____	Last _____	

**Have you enclosed and completed all required information?**

- |  |   |
|--|---|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Proof of Relationship      |
| <input type="checkbox"/> Payment               | <input type="checkbox"/> Acceptable Forms of ID     |
|  | <input type="checkbox"/> Mailing Address Matches ID |

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