

REQUEST FOR VITAL RECORDS

Township of Hamilton
 6101 13th Street mays Landing, NJ 08330
 Tele: (609) 625-1511
 Fax: (609) 928-0921

Cost of Certified Copies

\$10.00 for each copy
 Office hours: Monday-Friday 9:00 - 4:00 PM

B I R T H	Full Name of Child at Time of Birth		No. of Copies Requested
	Place of Birth (City, Town or Township)		County
	Exact Date of Birth	Name of Hospital (Optional)	
	Mother's Full Maiden Name		Father's Name (If recorded)
	If Child's Name Was Changed, Indicate New Name and How It Was Changed		
M A R R I A G E	Name of Husband		No. of Copies Requested
	Maiden Name of Bride		Exact Date of Marriage
	Place of Marriage (City, Town or Township)		County
P A R T N E R S H I P	Name of Partner		No. of Copies Requested
	Name of Partner		Exact Date Registered
	Place Where Domestic Partnership Registered (City, Town or Township)		County
D E A T H	Name of Deceased		No. of Copies Requested
	Exact Date of Death	Place of Death (City, Town or Township)	County
	Mother's Full Maiden Name		Father's Name (If recorded)
C U I V I L I O N	Name of Applicant (A)		No. of Copies Requested
	Name of Applicant (B)		Exact Date of Ceremony
	Place of Ceremony (City, Town or Township)		County

PHOTO ID WITH CURRENT ADDRESS REQUIRED OR 2 NON-PHOTO ID WITH CURRENT ADDRESS

Payment Type (Circle One) Cash Money Order Check Waived	Payment Amount:	ID Viewed:	Processed By:
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