

Office of the Registrar

West Amwell Township Municipal Offices, 150 Rocktown-Lambertville Road, NJ 08530
Hours: Monday – Friday 8:30 a.m. to 3:30 p.m. Phone: 609-397-2054 ext. 10 or 12

APPLICATION for CERTIFIED COPY of VITAL RECORD

**FEE - \$25.00 for the 1st copy and \$5.00 for each subsequent copy requested at the same time.
CORRECTIONS shall be charged a fee of \$10.00 per correction filed.
MAKE CHECK PAYABLE TO: WEST AMWELL TOWNSHIP**

I.D. REQUIRED – ONE COPY OF A PHOTO I.D. or TWO OTHER FORMS OF I.D.
(Non-Photo Driver's License, Voter Registration Card, Green Card, County ID, School ID, Insurance Card) **
****If request is by mail, address on identification must match recipient's mailing address.**
Please include a self-addressed, stamped envelope.

PRINT YOUR NAME & RELATIONSHIP _____
SIGNATURE _____ REASON FOR REQUEST:(e.g. Social Security
Purposes, Name Change/DMV, General Records or Other) Please specify _____
PHYSICAL ADDRESS _____
MAIL TO (see above note concerning address) _____
TO BE PICKED UP (DATE) _____ AM _____ PM _____
PHONE NUMBER _____ TODAY'S DATE _____

For a BIRTH CERTIFICATE	DATE of BIRTH _____ # of Copies _____ NAME on RECORD _____ PLACE of BIRTH _____ MOTHER'S FULL MAIDEN NAME _____ FATHER'S FULL NAME _____
For a DEATH CERTIFICATE	DATE of DEATH _____ # of Copies _____ NAME on RECORD _____ PLACE of DEATH _____ MOTHER'S FULL MAIDEN NAME _____ FATHER'S FULL NAME _____
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