

Township of Edgewater Park
Office of Vital Statistics
400 Delanco Road
Edgewater Park, NJ 08010
Phone 609-877-2062 or 2050
Fax 609-877-2308

Request for a Certified Vital Record

Your Name: _____ Signature: _____

PLEASE HAVE YOUR PHOTO ID READY

Address: _____ Telephone #: _____
City: _____ State _____ Zip Code: _____
Relationship to person name in request: _____

For a Birth Certificate: Number of Copies: _____
Full name of child at birth: _____
Date 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 _____

For a Domestic Partnership Record: Number of Copies: _____
Name of Domestic Partner 1: _____
Name of Domestic Partner 2: _____
Place Domestic Partnership Affidavit Filed: _____
Date of Domestic Partnership: _____

Cost is \$4 by mail [please include a self addressed envelope],
or \$4 in person. Additional copies of the same record are \$2 each.

Mail requests may be sent to the above address.

Valid photo id with signature and current address or two other forms of id must be presented. **If mailing send a photo copy of your ID.**