

**TOWNSHIP OF MULLICA OFFICE OF VITAL STATISTICS
APPLICATION FOR CERTIFIED COPY OF VITAL RECRD**

A Certified Copy of a vital record is issued to those individuals who have a direct link to the individual(s) named on the vital record event, provided that the requestor is able to identify the vital record. A Certified Copy will contain the raised seal of Mullica Township and can be used for identification purposes.

(PLEASE PRINT)

Name of Applicant	Relationship to person on record (Proof is required)	Reason for request: <input type="checkbox"/> Drivers License <input type="checkbox"/> Passport <input type="checkbox"/> School / Sports <input type="checkbox"/> Social Security <input type="checkbox"/> Veteran Benefit <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Other _____
Current Mailing Address (Must Match address on ID)	Daytime Telephone Number	
City State Zip	Date of Application	
Applicant's Signature		

BIRTH

Full Name of Child at Time of Birth	Number of Requested Copies
Place of Birth (City, Town, County)	Exact Date of Birth
Child's Mother Full MAIDEN Name	Child's Father's Full Name
Name of Husband	Number of Requested Copies
MAIDEN Name of Wife	Exact Date of Marriage
Place of Marriage (City, Town)	County
Name of Deceased	Number of Requested Copies
Place of Death (City, Town, County)	Exact Date of Death
MAIDEN Name of Deceased Individual's Mother	Name of Deceased Individual's Father
Name of Partner A	Number of Requested Copies
Name of Partner B	Exact Date of Union:
Place of Union (City, Town)	County
Name of Partner A	Number of Requested Copies
Name of Partner B	Exact Date of Partnership:
Place of Partnership (City, Town)	County

MARRIAGE

DEATH

CIVIL UNION

DOMESTIC PARTNER

\$5.00 per certified copy

____ / \$ _____ Total number of copies paid

Identification submitted – Drivers License / Passport / Birth Certificate / Marriage Certificate / Death Certificate / Other _____

____/____/____ Date

_____ License number(s) issued