

Municipal Building
59 South White Horse Pike
Berlin, New Jersey 08009



Phone: (856) 767-7777
www.berlinnj.org

**APPLICATION FOR CERTIFIED COPY OF BIRTH,
MARRIAGE, DEATH RECORD OR DOMESTIC PARTNERSHIP**

BY ORDER OF THE GOVERNOR, ALL REQUESTS MUST BE ACCOMPANIED BY COPY OF PHOTO I.D. WITH ADDRESS OR OTHER FORM OF PHOTO I.D. WITH ONE (1) ADDITIONAL FORM OF I.D. WITH ADDRESS (*acceptable forms of I.D. are driver's license with photo, vehicle registration, insurance card, voter registration, passport, green card, utility bills & tax bills*).

MAIL IN APPLICATION MUST BE COMPLETED IN FULL AND PAID WITH MONEY ORDER FOR CORRECT AMOUNT, MADE PAYABLE TO BERLIN BOROUGH, AND MUST INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE.
Mail to: Berlin Borough 59 S. White Horse Pike Berlin, N.J. 08009 Attention Vital Statistics.

Your Name _____ Phone() _____

Address _____

City _____ State _____ Zip _____

Relationship to below: (Circle) Self Parent Sibling Spouse Grandchild

Why is certified copy being requested: (Circle) Newborn School/sports Driver's License
Travel/Passport Social Services Social Security Veteran's Benefits Genealogy

Other (Specify) _____

BIRTH – FEE- \$10.00 PER CERTIFIED COPY

- Name _____
- Place of Birth: Berlin Borough
- Date of Birth _____
- Father's Name _____
- Maiden Name of Mother _____
- Number of Copies _____ @ \$10.00 per certified copy

MARRIAGE – FEE- \$10.00 PER CERTIFIED COPY

- Name of Husband_____
- Maiden Name of Wife_____
- Place of Marriage: Berlin Borough
- Date of Marriage_____
- Number of Copies_____ @ \$10.00 per certified copy

DEATH – FEE- \$10.00 PER CERTIFIED COPY

- Name of Deceased_____
- Place of Death: Berlin Borough
- Date of Death_____
- Do you need cause of death on certificate? Yes / No
- Number of Copies_____ @ \$10.00 per certified copy

DOMESTIC PARTNERSHIP- FEE \$10.00 PER CERTIFIED COPY

- Names of both Domestic Partners

- Place of Partnership: Berlin Borough
- Date of Domestic Partnership_____
- Number of Copies_____ @ \$10.00 per certified copy

Signature of Applicant_____ Date_____

[Office Use Only:]

Driver's License # & State issued_____

Passport # & Country of Issuance_____

Other_____