

TO OBTAIN A BIRTH CERTIFICATE BY MAIL

PLACE OF BIRTH MUST BE IN MIDDLE TOWNSHIP

You may print and complete the attached application with the required identification, or send a written request with the following information:

- ❖ **Applicant's Contact Information – telephone number, e-mail address**
- ❖ **Person's Full Name at Time of Birth**
 - Place of Birth**
 - Date of Birth**
 - Mother's Full Name (Maiden Last Name)**
 - Father's Full Name**
- ❖ If applying for yourself and name has changed due to marriage, we will require a copy of your marriage license. If name change was due to a legal court order or adoption, PLEASE list the name given per the court order or adoption.

ALSO INCLUDE:

A **MONEY ORDER** made payable to **Middle Township**, in the amount of **\$20.00** per copy and a self-addressed stamped envelope (address on application must match address on identification).

The forms of identification that are required are:

- Copy of applicant's driver's license (valid & current)

If the applicant has no valid state issued identification, we will accept **TWO (2)** of the following forms (both must show current name and address, and must be dated within the past 90 days):

- Bank Statement
- Tax Return or W-2 for Current / Previous Year
- Utility Bill
- Vehicle Registration
- Voter Registration

We will not accept junk mail as a form of identification.

Questions? Please give us a call (609) 465-8722.

Our office is open Monday through Friday and takes requests from 9:00am – 3:30pm.

**Township of Middle
Office of Vital Statistics
33 Mechanic Street
Cape May Court House, New Jersey 08210**



Township of Middle
Office of Municipal Clerk
33 Mechanic Street
Cape May Court House, NJ 08210

APPLICATION FOR A NON-GENEALOGICAL CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD
APLICACIÓN PARA COPIAS CERTIFICADAS Ó CERTIFICACIONES DE REGISTROS CIVILES NO-ANCESTRO

<input type="checkbox"/> I would like a Certified Copy . (<i>Quiero una copia certificada.</i>) <input type="checkbox"/> I would like a Certification . (<i>Quiero una certificación.</i>) Documents in need of an Apostille Seal must be obtained from the State. (<i>Registros que necesitan un Sello de Apostille, deben ser obtenidos por la Oficina Estatal.</i>)			Preferred format (if available): (<i>Prefiero:</i>) <input type="checkbox"/> Computer-generated copy of original. (<i>Copia del Original-Generado por Computadora</i>) <input type="checkbox"/> Digital Image/Photocopy of original. (<i>Imagen Digital/Fotocopia del Original</i>)			
Name of Applicant (<i>Nombre de Apicante</i>)		Relationship to person on record (Proof is required if certified copy requested.) <i>[Relación al individuo (Prueba es requerida para copia certificada.)]</i>		Reasons for Request: (<i>Motivo de solicitud</i>) <input type="checkbox"/> Passport (<i>Pasaporte</i>) <input type="checkbox"/> Driver's License (<i>Licencia de Conducir</i>) <input type="checkbox"/> School/Sports (<i>Escuela/Deportes</i>) <input type="checkbox"/> Veterans' Benefits (<i>Beneficios veteranos</i>) <input type="checkbox"/> Social Security Card (<i>Tarjeta Seguro Social</i>) <input type="checkbox"/> Social Security Disability (<i>SSI / Incapacidad</i>) <input type="checkbox"/> Other SS Benefits (<i>Otros beneficios de seguro social</i>) <input type="checkbox"/> Medicare (<i>Medicare</i>) <input type="checkbox"/> Welfare (<i>Asistencia Pública</i>) <input type="checkbox"/> Other (<i>Otro</i>) _____		
Current Mailing Address (<i>Must Match address on ID</i>) <i>[Dirección Postal (Debe coincidir con identificación)]</i>						
City (<i>Ciudad</i>)	State (<i>Estado</i>)	Zip Code (<i>Código Postal</i>)	Daytime Telephone Number (<i>Número Telefónico</i>)			
Applicant's Signature (<i>Firma del Apicante</i>)			Date of Application (<i>Fecha</i>)			

<input type="checkbox"/> BIRTH <i>(NACIMIENTO)</i>	Full Name of Child at Time of Birth (<i>Nombre Completo al Nacer</i>)		No. Requested Copies (<i>No. de Copias</i>)	
	Place of Birth (City, Town) <i>[Lugar de Nacimiento (Ciudad, Pueblo)]</i>	County (<i>Condado</i>)	Exact Date of Birth (<i>Fecha de Nacimiento</i>)	
	Full Name of Child's Parent A (<i>List name given at birth or on birth certificate/Maiden name</i>) <i>[Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento o de soltera)]</i>			
	Full Name of Child's Parent B (if on record) (<i>List name given at birth or on birth certificate/Maiden name</i>) <i>[Nombre completo de Padre/Madre B (si el registro) (Inscrito en el acta de nacimiento o de soltera)]</i>			
	If the Child's Name was Changed, Indicate New Name and How it was Changed: <i>(Si el nombre del niño fue cambiado, indique el nuevo nombre y como fue cambiado):</i>			
<input type="checkbox"/> MARRIAGE <i>(MATRIMONIO)</i>	Full Name of Spouse A/Partner A (<i>List name given at birth or on birth certificate/Maiden name</i>) <i>[Nombre completo de Pareja A (Inscrito en el acta de nacimiento o de soltera)]</i>		No. Requested Copies (<i>No. de Copias</i>)	
	<input type="checkbox"/> CIVIL UNION <i>(UNIÓN CIVIL)</i>	Full Name of Spouse B/Partner B (<i>List name given at birth or on birth certificate/Maiden name</i>) <i>[Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento o de soltera)]</i>		Exact Date of Event (<i>Fecha Exacta del Evento</i>)
		Place of Event (City, Town) <i>[Lugar del Evento (Ciudad, Pueblo)]</i>		County (<i>Condado</i>)
<input type="checkbox"/> DOMESTIC PARTNERSHIP <i>(SOCIEDAD DOMÉSTICA)</i>				
<input type="checkbox"/> DEATH <i>(DEFUNCIÓN)</i>	Name of Deceased Individual (<i>Nombre del Fallecido</i>)			
	Exact Date of Death (<i>Fecha Exacta del Evento</i>)		No. Requested Copies (<i>No. de Copias</i>)	
	Place of Event (City/Town) <i>[Lugar del Evento (Ciudad, Pueblo)]</i>		County (<i>Condado</i>)	
	Full Name of Deceased Individual's Parent A (<i>List name given at birth or on birth certificate/Maiden name</i>) <i>[Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento o de soltera)]</i>		Full Name of Deceased Individual's Parent B (<i>List name given at birth or on birth certificate/Maiden name</i>) <i>[Nombre completo de Padre/Madre B (Inscrito en el acta de nacimiento o de soltera)]</i>	

Application Checklist: Have you enclosed and completed all required information?

(Lista Comprobada: ¿A Usted Incluido y Completado Toda la Información Requerida en la Aplicación?)

- All Items on Application (*Todo Artículos en la Aplicación*)
 Payment (*Pago*)
 Acceptable Forms of ID (*Identificación Aceptable*)
 Proof of Relationship (*Prueba de Parentesco*)
 Mailing Address Matches ID (*Dirección Postal Coincidente con ID*)

FOR OFFICIAL USE ONLY

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Payment Amount: \$	ID Viewed:	Processed By
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