

TO OBTAIN A MARRIAGE CERTIFICATE BY MAIL

PLACE OF MARRIAGE 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**
- ❖ **Full Name of Spouse A (Name on Birth Certificate)**
- ❖ **Full Name of Spouse B (Name on Birth Certificate)**
- ❖ **Date of Ceremony**

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

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

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

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

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|--|-----------------------|------------|--------------|
| 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 |
|--|-----------------------|------------|--------------|