

**TO OBTAIN A**  
**DOMESTIC PARTNERSHIP / CIVIL UNION CERTIFICATE**  
**BY MAIL**

**PLACE OF DOMESTIC PARTNERSHIP / CIVIL UNION 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 **\$25.00** for the first copy and \$2.00 for each additional copy ordered at the **same time**. Also, 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) 465-8721.

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

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

APPLICATION FOR A NON-GENEALOGICAL  
CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD

|  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> <i>Certified Copy</i><br><input type="checkbox"/> Certified Copy for an Apostille Seal<br><input type="checkbox"/> <i>Certification</i> |  | <b>Requestor's Relationship to Person on Record</b><br><i>(proof is required for certified copy)</i>   | <b>Requestor's Signature</b><br><br>Date (of request)      /      / |
| <b>Name of Requestor</b><br>First _____ Middle _____<br>Last _____   |  | <b>Reasons for Request</b><br><input type="checkbox"/> Passport<br><input type="checkbox"/> Driver's License<br><input type="checkbox"/> School / Sports<br><input type="checkbox"/> Veterans' Benefits<br><input type="checkbox"/> Social Security Card / Benefits<br><input type="checkbox"/> Medicare<br><input type="checkbox"/> Welfare / Disability<br><input type="checkbox"/> Other: _____ |   |
| <b>Current Mailing Address (must match address on ID)</b><br>Street _____<br>City _____ State _____ Zip Code _____   |  |  |   |
| <b>Email Address</b><br>_____ @ _____ . _____  |  | <b>Daytime Phone Number</b><br>(      )      -      _____  |   |

|  |  |                           |                             |
|--|--|---------------------------|-----------------------------|
| <input type="checkbox"/> <b>BIRTH</b>  |  |                           |                             |
| <b>Child's Name at Birth</b><br>First _____ Middle _____ Last _____  |  |                           |                             |
| <b>No. Requested Copies</b>  | <b>Place of Birth</b><br>City Middle Township State New Jersey | <b>County</b><br>Cape May | <b>Date of Birth</b><br>/ / |
| <b>Name of Child's Parents (name given at birth or on birth certificate / Maiden Name)</b><br>Parent A First _____ Middle _____ Last _____<br>Parent B First _____ Middle _____ Last _____ |  |                           |                             |
| <b>If Child's name was changed:</b><br>New Name _____ Describe Change _____  |  |                           |                             |

|  |  |   |                             |  |  |
|--|--|---|-----------------------------|--|--|
| <input type="checkbox"/> <b>MARRIAGE</b>   |  | <input type="checkbox"/> <b>CIVIL UNION</b> |                             | <input type="checkbox"/> <b>DOMESTIC PARTNERSHIP</b> |  |
| <b>No. Requested Copies</b>  | <b>Place of Event</b><br>City Middle Township State New Jersey | <b>County</b><br>Cape May                   | <b>Date of Event</b><br>/ / |  |  |
| <b>Name of Spouses (name given at birth or on birth certificate / Maiden Name)</b><br>Spouse A First _____ Middle _____ Last _____<br>Spouse B First _____ Middle _____ Last _____ |  |   |                             |  |  |

|   |  |                           |                             |
|---|--|---------------------------|-----------------------------|
| <input type="checkbox"/> <b>DEATH</b>   |  |                           |                             |
| <b>Name of Decedent</b><br>First _____ Middle _____ Last _____  |  |                           |                             |
| <b>No. Requested Copies</b>   | <b>Place of Death</b><br>City Middle Township State New Jersey | <b>County</b><br>Cape May | <b>Date of Death</b><br>/ / |
| <b>Name of Decedent's Parents (name given at birth or on birth certificate / Maiden Name)</b><br>Parent A First _____ Middle _____ Last _____<br>Parent B First _____ Middle _____ Last _____ |  |                           |                             |

Have you enclosed and completed all required information?

- |  |   |
|--|---|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Proof of Relationship      |
| <input type="checkbox"/> Payment               | <input type="checkbox"/> Acceptable Forms of ID     |
|  | <input type="checkbox"/> Mailing Address Matches ID |

| FOR STATE USE ONLY  |                  |                                    |                     |
|---|------------------|------------------------------------|---------------------|
| Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived | Amount: \$ _____ | <input type="checkbox"/> ID Viewed | Processed By: _____ |