



REQUEST FOR VITAL RECORDS

Township of Hamilton
 6101 13th Street Mays Landing, 08330
 Tel: (609) 625-1511
 Fax: (609) 928-0921

Cost of Certified Copies

\$10.00 for each copy
 Office Hours Monday - Friday 9:00 am - 4:00 pm

Name of Applicant		Relationship to person on record (Proof is required if certified copy requested.)	Reasons for Request: <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> School/Sports <input type="checkbox"/> Veterans' Benefits <input type="checkbox"/> Social Security Card <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Other SS Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Other
Current Mailing Address (<i>Must Match address on ID</i>)			
City	State Zip Code	Daytime Telephone Number	
Applicant's Signature		Date of Application	

<input type="checkbox"/> BIRTH	Full Name of Child at Time of Birth		No. Requested Copies
	Place of Birth (City, Town)	County	Exact Date of Birth
	Child's Mother's Full Maiden Name		Child's Father's Name (if on record)
	If the Child's Name was Changed, Indicate New Name and How it was Changed:		
<input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> DOMESTIC PARTNERSHIP	Full Name of Spouse A / Partner A		No. Requested Copies
	Full Name of Spouse B / Partner B		Exact Date of Event
	Place of Event (City, Town)		County
<input type="checkbox"/> DEATH	Name of Deceased		No. Requested Copies
	Exact Date of Death	Place of Event (City/Town)	County
	Maiden Name of Deceased Individual's Mother		Name of Deceased Individual's Father

Application Check List: Have you enclosed and completed all required information?

- All Items on Application
 Payment
 Acceptable Forms of ID
 Proof of Relationship
 Mailing Address Matches ID

FOR STATE USE ONLY			
Payment Type:	Payment Amount:	ID Viewed:	Processed By
Cash M/O Check Waived	\$		