

### Instructions for Certified Copy Application

1. Complete attached form. First section is your current information. Then complete the section that pertains to the type of certified copy you are requesting (birth, death, marriage).
2. If the event (birth, death, marriage) occurred in the Town of Hammonton, you must apply to Town of Hammonton, 100 Central Avenue, Hammonton, NJ 08037. Please be sure the event occurred in Hammonton. There are surrounding municipalities that have a Hammonton post office address 08037 even though they are not officially considered Hammonton.
3. To apply in person, please appear at above address listed in item 2. Hours of operation are Mon-Fri, 9-4 pm. Please check [townofhammonton.org](http://townofhammonton.org), Departments and Services, Municipal Clerk/Registrar for additional instructions and a list of Holiday Closures. We are opened through lunch.
4. Please bring with you, your current photo id (driver's license or county id). If you are not the person named on the record or your name differs from that on the record, please bring documents to prove your identity. Example: if you are the parent requesting a birth certificate, please bring a certified copy of your marriage license. If you are requesting your birth certificate and your id indicates your married name, please bring with you a certified copy of your marriage license. Be advised we can only issue certified copies to certain immediate family members. You should also have with you, a "Power of Attorney" if you are requesting a record for a person who is not your immediate family member.
5. You may pay with money order or check made payable to Town of Hammonton. You may also pay by credit card (visa is accepted, mastercard is not accepted). You may also pay in cash (small bills necessary).
6. If you prefer to do this by mail, please include photo copies of all necessary documents and mail to address in item 2. Please also enclose a self addressed stamped envelope so we can mail your certificate back to you. Unless circumstances prevent same, we mail the certified copy to you the same day we receive the request.
7. A certified copy costs \$20.00. Any additional certified copy of the same record costs \$10.00. We do not issue anything other than certified copies unless you are performing genealogy (family tree). If you require the certified copy to be overnighted to you, the fee is an additional \$50.00 for FedEx.
8. If you are not allowed to obtain the certified copy (for example your ex spouse has passed on and you need a certified copy for life insurance for your children), we cannot provide a certified copy direct to you. However, you may have the insurance company place a request directly to our office

on their letterhead along with the attached form and necessary fee. We will mail the certified copy directly to them.

9. If you are listed in the deceased "Last Will and Testament" and are not an immediate family member who is allowed to obtain a certified copy by law, you will need to visit the county surrogate who will issue a certificate allowing the local registrar, us, to issue a certified copy of the record to you.
10. If you do not have a current drivers license, don't panic. There are other documents to prove your identity. In the absence of a current driver license with photo id, please submit 2 of the following documents and be sure they include your name and current address:

- Pay check or work id
- School id
- Homeowner, vehicle or other insurance policy
- Mortgage paperwork
- Federal or State income tax returns
- Apartment/House Lease
- Vehicle Registration
- A temporary id card issued when released from incarceration

(sorry, a birth certificate, credit card or social security card are not valid proof of identity per law)

Town of Hammonton  
Office of the Registrar  
100 Central Avenue  
Hammonton, NJ 08037

**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 <i>Certified Copy</i> . ( <i>Quiero una copia certificada.</i> ) <input type="checkbox"/> I would like a <i>Certification</i> . ( <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> )		If available, I prefer the format of the certified copy to be: ( <i>Prefero:</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> )
	Child's Mother's Full Maiden Name ( <i>Nombre completo de soltera de la Madre</i> )		Child's Father's Name (if on record) ( <i>Nombre del Padre (si está registrado)</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> )  <input type="checkbox"/> CIVIL UNION ( <i>UNIÓN CIVIL</i> )  <input type="checkbox"/> DOMESTIC PARTNERSHIP ( <i>SOCIEDAD DOMÉSTICA</i> )	Name of Husband/ Partner ( <i>Nombre de Esposo/Pareja</i> )		No. Requested Copies ( <i>No. de Copias</i> )
	Maiden Name of Wife/ Partner ( <i>Nombre Soltera de Esposa/Pareja</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"/> DEATH ( <i>DEFUNCIÓN</i> )	Name of Deceased ( <i>Nombre del Fallecido</i> )	Social Security Number ( <i>See Note</i> ) ( <i>Numero de Seguro Social (Ver índice)</i> )  <div style="text-align: center; font-size: 1.5em;">N/A</div>	No. Requested Copies ( <i>No. de Copias</i> )
	Exact Date of Death ( <i>Fecha Exacta del Evento</i> )	Place of Event (City/Town) ( <i>Lugar del Evento (Ciudad, pueblo)</i> )	County ( <i>Condado</i> )
	Maiden Name of Deceased Individual's Mother ( <i>Nombre Soltera de la Madre</i> )		Name of Deceased Individual's Father ( <i>Nombre del Padre</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?)*

- |  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> All Items on Application<br><i>(Todos Artículos en la Aplicación)</i> | <input type="checkbox"/> Payment<br><i>(Pago)</i> | <input type="checkbox"/> Acceptable Forms of ID<br><i>(Identificación Aceptable)</i> | <input type="checkbox"/> Proof of Relationship<br><i>(Prueba de Parentesco)</i> | <input type="checkbox"/> Mailing Address Matches ID<br><i>(Dirección Postal Coincidente con ID)</i> |
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