



BOROUGH OF WESTVILLE

1035 Broadway
Westville, NJ 08093

of Copies @ 10.00 ea \$. _____

APPLICATION FOR CERTIFIED COPY OF VITAL RECORD

Make Check or Money order payable to Borough of Westville ~ Do Not Mail Cash. Please Print or type.

NAME OF APPLICANT		Date of Application	This Column for BORO Use ONLY	
Street Address		Relationship to Person Named in Requested Record (required)	Cash	Check
City State			Cash	Money Order
Zip		Telephone No		
Why is a Certified Copy Being Requested? Please check <input type="checkbox"/> Schools/Sports <input type="checkbox"/> Genealogy <input type="checkbox"/> Medicare <input type="checkbox"/> Social Security ID Card <input type="checkbox"/> Welfare <input type="checkbox"/> Veteran Benefits <input type="checkbox"/> Passport <input type="checkbox"/> Soc. Sec. Disability <input type="checkbox"/> Driver License <input type="checkbox"/> Other Soc. Sec. Benefits <input type="checkbox"/> OTHER (Specify) _____				
BIRTH RECORD - Full Name of Child at Time of Birth		No. Of copies Requested		ID Required Certificate # _____ _____ BIRTH
Place of Birth: BOROUGH OF WESTVILLE		County: GLOUCESTER		
Date of Birth		Name of Hospital, If any		
Father's Name				
Mother's Maiden Name				
If child's Name Was Changed, indicate New Name & How it was changed				
MARRIAGE/CIVIL UNION RECORD Name of Husband/Partner "A"				MARRIAGE CIVIL UNION
Maiden Name of Wife/ Name of Partner "B"				
Place of Marriage/Civil Union: BOROUGH OF WESTVILLE		County: GLOUCESTER		
Date of Marriage/Civil Union				
Name & Address				DOMESTIC PARTNERSHIP
Name of Partner				
Place of Domestic Partnership Registered - Borough of Westville, Gloucester County		Date:		
Date of Marriage/Civil Union				
Name of Deceased				DEATH
Place of Death BOROUGH OF WESTVILLE, GLOUCESTER COUNTY		Date of Death		
Residence, If Different from Place of Death		Age at Death		
Father's Name				