



TOWNSHIP OF DEPTFORD
APPLICATION FOR CERTIFIED COPIES OF
CERTIFICATES FOR
BIRTHS, MARRIAGES, DEATHS,
DOMESTIC PARTNERSHIP/CIVIL UNION

BIRTH CERTIFICATE

Name on Record _____
Date of Birth ____ / ____ / ____ Place of Birth _____
Mother's Full Maiden Name _____
Father's Full Name _____

MARRIAGE CERTIFICATE

Date of Marriage ____ / ____ / ____
Full Name of Groom _____
Full Maiden Name of Bride _____

DOMESTIC PARTNERSHIP/CIVIL UNION

Date of Registered Domestic Partnership/Civil Union ____ / ____ / ____
Full Name of Party A _____
Full Name of Party B _____

DEATH CERTIFICATE

Full Name of Deceased _____
Date of Death ____ / ____ / ____ Place of Death _____
Mother's Full Maiden Name _____
Father's Full Name _____

TO BE COMPLETED FOR ALL APPLICATIONS

Quantity of Certificates Requested _____
Purpose of Request _____
Your Name _____
Your Address _____
Your Telephone No. (____) _____ - _____
Relationship to Named Above _____
Signature _____ Date ____ / ____ / ____

Mailing Instructions: Complete all required information. Make check, in the amount of **\$5.00** for each certified copy, payable to **Deptford Township**. Return completed form, copy of ID and check to: **Deptford Township, 1011 Cooper St., Deptford, NJ 08096**
ATTN: Registrar

FOR INTERNAL USE ONLY

IDENTIFICATION _____
(Drivers License – document DL # and issuing state / Passport – document # and issuing country)