

Township of Riverside
Office of the Registrar
P.O. Box 188
Riverside, NJ 08075
(856) 461 – 9080

Dear Sir / Madam,

Enclosed is the application to obtain a certified copy of a vital record for events that occurred in Riverside Township, Burlington County, New Jersey. Please fill out the form and return it with the appropriate fee. The fee for certified copies is \$25.00 for the first copy and \$5.00 for each additional copy. **Money orders are the only acceptable form of payment if application is done by mail.**

Please enclose a copy of your **current** photo drivers' license or other appropriate identification that is acceptable by the State of New Jersey. A list of acceptable identification is enclosed.

If the proper identification is not enclosed, the application will not be processed and will be returned.

Certified Copies of Certificates or other legal documentation must be provided to establish lineage if applicable.

Married females requesting Certified Copies of their Birth Certificate must provide a Certified Copy of their Marriage Certificate to show name change.

A self addressed stamped envelope must also be enclosed for return mailing.

The application should be sent to the address that is listed above.

Should you have any questions, please contact the Registrar's Office. Thank you.

Sincerely,

Susan M. Dydek, RMC
Municipal Registrar

Enclosures

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD - TOWNSHIP OF RIVERSIDE

Request for Birth Certificate (Please Print)

Full name of Child at Time of Birth: _____

Exact Date of Birth: ____/____/____

Place of Birth (Municipality, County): _____

Child's Mother's Full Maiden Name: _____

Child's Father's Name if on record: _____

Request for Copy of a Marriage Certificate, Civil Union Certificate or Domestic Partnership Certificate: (Please Print)

Exact Date of Event: _____

Full Name of Husband / Partner: _____

Full Maiden Name of Wife /Partner: _____

Place of Event (Municipality, County): _____

Request for Copy of a Death Certificate: (Please Print)

Full Name of Deceased: _____

Social Security Number: _____

Exact Date of Death: ____/____/____

Name of Deceased Individual's Father: _____

Maiden Name of Deceased Individual's Mother _____

Place of Event (Municipality, County) _____



Number of Certificates requested: _____

Purpose: Passport Driver License School/Sports Social Security Card Social Security Disability Other Soc. Sec Benefits
Veterans Benefits Medicare Welfare Genealogy Other (specify) _____

Your Name, Address & Phone #: _____

_____ () _____

Relationship to the Above: _____

Signature: _____

(Office use only)

I.D. (If drivers license indicate # and state where issued) _____
(If passport indicate country where issued and #) _____

ACCEPTABLE IDENTIFICATION FOR CERTIFIED COPIES OF VITAL RECORDS.

Must provide **current valid** photo driver's license with address or **current valid** photo non-driver's license with address issued by Motor Vehicle Agency **OR**

A **current valid** driver's license without photo and one alternate form of ID with current address **OR**

Two (2) alternate forms of ID, one of which must have Current address.

ALTERNATE FORMS OF ID ARE:

Vehicle registration, Vehicle Insurance Card, Voter registration, US/Foreign Passport, Immigration Visa, Permanent Resident Card (Green card), Federal/State ID, County ID, School ID, Bank Statement (within previous 90 days), Utility bill (Within previous 90 days), Tax Return or W-2 for Current/previous year.

EXECUTIVE ORDER #18 REQUIRES THAT ALL REGISTRARS ESTABLISH THE IDENTITY OF THE REQUESTOR AND THEIR RELATIONSHIP TO THE INDIVIDUAL LISTED ON THE VITAL RECORD REQUESTED.

IDENTIFICATION PRESENTED MUST BE VALID AND UNEXPIRED; IF UTILITY BILLS ARE PRESENTED AS IDENTIFICATION, THEY MUST BE ISSUED WITHIN THE PAST THREE MONTHS.

ALL APPLICANTS MUST ESTABLISH THEIR RELATIONSHIP TO THE INDIVIDUAL(S) LISTED ON THE VITAL RECORD THEY ARE REQUESTING.

MARRIED FEMALES REQUESTING CERTIFIED COPIES OF THEIR BIRTH CERTIFICATE MUST PROVIDE A COPY OF THEIR MARRIAGE CERTIFICATE SO THAT THEY CAN ESTABLISH LINEAGE.

SIBLINGS REQUESTING CERTIFIED COPIES OF A PARENT OR SIBLINGS BIRTH, MARRIAGE OR DEATH CERTIFICATE MUST PROVIDE A COPY OF THEIR BIRTH CERTIFICATE TO ESTABLISH LINEAGE.

MARRIED FEMALES REQUESTING CERTIFIED COPIES OF A PARENTS OR SIBLINGS BIRTH, MARRIAGE OR DEATH CERTIFICATES MUST PROVIDE A COPY OF THEIR MARRIAGE CERTIFICATE, IN ADDITION TO THEIR BIRTH CERTIFICATE TO ESTABLISH LINEAGE.

Fees Charged: The following fees are charged per request:

Burial Permits Issued @\$5.00.....

Certified Copies of Birth Issued @\$25.00 First Copy, \$5.00 for each additional
.....

Certified Copies of Birth Resulting From Stillbirth @\$25.00 for First Copy, \$5.00 for
each additional...

Certified Copies of Death Issued @\$25.00 for First Copy, \$5.00 for each additional
.....

Certified Copies of Marriage Issued @\$25.00 for First Copy, \$5.00 for each
additional.....

Certified Copies of Domestic Partnership @ \$25.00 for the First Copy, \$5.00 for each
additional

PAYMENT ACCEPTED IN THE FORM OF CASH OR MONEY ORDER ONLY. IF
PAYMENT IS BY MAIL, ONLY MONEY ORDERS WILL BE ACCEPTED. MAKE
PAYABLE TO THE TOWNSHIP OF RIVERSIDE. PLEASE DO NOT SEND CASH.

Please fill out the appropriate information and return with a self addressed stamped envelope to:

Township of Riverside
Registrar of Vital Statistics
PO Box 188
Riverside, NJ 08075

Please include copies of the appropriate identification and the specified fee

*****IF A SELF ADDRESSED STAMPED ENVELOPE IS NOT RETURNED, THE CERTIFICATE WILL NOT BE MAILED*****

Make money orders payable to "Township of Riverside".

Thank you.