

**REGISTRAR'S OFFICE
BOROUGH OF ROCKY HILL
P.O. BOX 188, ROCKY HILL NJ 08553**

APPLICATION for CERTIFIED COPY

FEE - \$20.00 each _____ CHECK _____ CASH (fee payable with application)

**I.D. REQUIRED - ONE COPY OF A PHOTO I.D. or TWO OTHER FORMS OF I.D.
(Non-Photo Drivers License, Voter Registration Card, Green Card, County ID, School ID, Insurance Card)**

A Certified Copy of vital record event is issued to those individuals who have a direct link to the individual(s) named on the vital record event, as identified in Governor McGreevey's Executive Order 18, and provided that the requestor is able to identify the vital record and can provide proof of his identity and relationship. A Certified Copy will contain the raised seal of the Borough of Rocky Hill and can be used for legal or identification purposes.

PRINT YOUR NAME _____

SIGNATURE _____

RELATIONSHIP TO PERSON NAMED ON REQUESTED RECORD (I.D. May Be Required)

REASON FOR REQUEST _____

PHYSICAL ADDRESS _____

MAIL TO _____

TO BE PICKED UP (DATE) _____ AM _____ PM _____

PHONE NUMBER _____ TODAY'S DATE _____

| | |
|---------------------------------------|--|
| For a BIRTH CERTIFICATE | DATE of BIRTH _____ # of Copies _____ NAME on RECORD _____ PLACE of BIRTH _____ MOTHER'S FULL MAIDEN NAME _____ FATHER'S FULL NAME _____ |
| For a DEATH CERTIFICATE | DATE of DEATH _____ # of Copies _____ NAME on RECORD _____ PLACE of DEATH _____ MOTHER'S FULL MAIDEN NAME _____ FATHER'S FULL NAME _____ |
| For a MARRIAGE CERTIFICATE | DATE OF MARRIAGE _____ # of Copies _____ PLACE of MARRIAGE _____ HUSBAND'S FULL NAME _____ WIFE'S FULL MAIDEN NAME _____ |
| For a CIVIL UNION | DATE OF CIVIL UNION _____ # of Copies _____ PLACE OF CIVIL UNION _____ PARTNER #1 FULL NAME _____ PARTNER #2 FULL NAME _____ |
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