

Date of Request: \_\_\_\_\_ Certificate Serial Number(s): \_\_\_\_\_

**BOROUGH OF GLASSBORO**

1 South Main Street, Glassboro, NJ 08028-2592 PHONE: (856)-881-9230 x88199 FAX: (856)-881-4248

**FOR A COPY OF A BIRTH CERTIFICATE: (please print)**

Date of Birth: \_\_\_\_\_

Full Name on Record: \_\_\_\_\_

Full Maiden Name of Mother on Record: \_\_\_\_\_

Full Name of Father on Record: \_\_\_\_\_

**FOR A COPY OF A MARRIAGE/CIVIL UNION CERTIFICATE: (please print)**

Date of Ceremony: \_\_\_\_\_

Full Name of Applicant A: \_\_\_\_\_

Full Maiden Name of Applicant B: \_\_\_\_\_

Place of Ceremony: \_\_\_\_\_

**FOR A COPY OF A DEATH CERTIFICATE: (please print)**

Date of Death: \_\_\_\_\_

Full Name of Deceased: \_\_\_\_\_

Full Name of Decedent's Father: \_\_\_\_\_

Full Maiden Name of Decedent's Mother: \_\_\_\_\_

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Number of Certificates: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Purpose Needed: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship to Named Above: \_\_\_\_\_

Signature: \_\_\_\_\_

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**FOR STAFF USE ONLY:**

I.D. (If driver's license, indicate # and State issued): \_\_\_\_\_

(If passport, indicate country of issuance and #)