Borough of Tinton Falls

Registrar of Vital Statistics
556 Tinton Avenue, Tinton Falls, NJ 07724
732-542-3400 x 252 or 210

Request for Certified Copy of a Vital Record

Type of Record: ☐ Marriage ☐ Civil Union ☐ Death

Date of Occurrence: _____/_____/_____
Month Day Year

For Death Record

Name of Deceased: _____

Maiden Name of Deceased Mother: _____

Full Name of Father (if recorded): _____

For Marriage/Civil Union Record

Full Maiden Name of Wife/
Full Name of Partner A: _____

Full Name of Husband/
Full Name of Partner B: _____

YOUR relationship to the individual(s) on record: _____

* PROOF OF RELATIONSHIP IS REQUIRED *

(Self, Mother, Father, Spouse, Child, Sibling, Funeral Director, Legal Guardian, Legal Representative)

Reason for Certified Copy: _____

Number of copies requested: _____ @ $10.00 for each copy. Cash or Checks (Payable to: Borough of Tinton Falls)

Your Name and current address with proof: (please print) _____

_____ Phone #: _____

Signature: _____

NOTE: ID is required to obtain vital records. Such as valid Drivers License (photo or non-photo) with current address and signature. Other forms of ID would be County ID, Valid School ID, Valid Passport Board of Social Services ID and proof of address. If you have no ID you can have an immediate relative request the record on your behalf. That would be mother, father, sister, brother (over the age of 18 with the ID stated above and a valid/current birth certificate, with parents' names on it. Any guardian of minor child must submit court documents of guardianship along with the ID stated above.

* * * * * * * * * * **FOR BOROUGH USE ONLY** * * * * * * * * *

Date: _____ Paid: Cash or Check: _____ Amount: $_____

Registrar/Deputy Initials: _____ Certificate Numbers: _____