Borough of Island Heights

Vital Statistics Request Form

Please complete this form to receive a certified copy of a vital record. A DMV photo ID of yourself or two forms of ID with your name and current address are required. The fees are: Birth Certificates $15 per copy; Marriage, Civil Union and Domestic Partnership Certificates $15 per copy; Death Certificates $15 per copy. Payment by cash, check, or money order to be paid at time of request.

If you choose to mail in your request, you must include a self-addressed, stamped return envelope, Copy of a DMV photo ID with current address on the front or two acceptable forms of ID with name and current address are required. These will need to be notarized. Payment in the form of money order or check only. Please make money order/check payable to "Borough of Island Heights".

Name of Applicant (person completing application) *(Nombre de Aplicante)*	Relationship to Person on Record (**proof may be required**) *[Relación al individuo (Pueden ser necesarias pruebas)]*	
Current Mailing Address – ***Must match address on ID*** *(Dirección Postal – Debe coincidir con identificación)*		
City *(Ciudad)* — State *(Estado)* — Zip Code *(Codigo Postal)*	Daytime Telephone Number *(Número Telefónico)*	
Applicant's Signature *(Firma del Aplicante)*	Date of Application *(Fecha)*	

	Full Name of Spouse A/Partner A (List name given at birth or on birth certificate) *[Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento)]*	No. Copies Requested *(No. de Copias)*
☐ MARRIAGE $15 per copy *(MATRIMONIO)*	Full Name of Spouse B/Partner B (List name given at birth or on birth certificate) *[Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento)]*	Exact Date of Event *(Fecha Exacta del Evento)*
☐ CIVIL UNION $15 per copy *(UNIÓN CIVIL)* ☐ DOMESTIC PARTNERSHIP $15 per copy *(SOCIEDADA DOMESTICA)*	Place of Event (City / Town) *[Lugar del Evento (Ciudad /Pueblo)]*	County *(Condado)*

	Name of Deceased *(Nombre del Fallecido)*		No. Requested Copies *(No. De Copias)*
☐ DEATH $15 per copy *(DEFUNCIÓN)*	Exact Date of Death *(Fecha Exacta de Evento)*	Place of Event (City / Town) *[Lugar del Evento (Ciudad / Pueblo)]*	County *(Condado)*

	Full Name of Child at Time of Birth *(Nombre Completo al Nacer)*		No. Requested Copies *(No. de Copias)*
☐ BIRTH $15 per copy *(NACIMIENTO)*	Place of Birth (City / Town) *[Lugar de Nacimiento (Ciudad /Pueblo)]*	County *(Condado)* Essex	Exact Date of Birth *(Fecha de Nacimeniento)*
	Parent Full Birth Name *(Padres nombre completo al nacer)*	Parent Full Birth Name *(Padres nombre complete al nacer)*	
	If the Record was Changed, Indicate How it was Changed: *(Si el registro fue modificado, indicar como se ha cambiado):*		

FOR TOWNSHIP USE ONLY

PAYMENT TYPE: ☐ CASH ☐ M/O ☐ CHECK	PAYMENT AMOUNT: $	I.D. VIEWED:

Revised 6/11/2025