

# BOROUGH OF FRANKLIN

46 Main Street  
Franklin, NJ 07416

## VITAL STATISTICS

Vital Statistics is responsible for registering all births, marriages, civil unions, deaths and domestic partnerships.

- To obtain certified copies, you may mail your request or call the office and arrange to pick them up at:

Franklin Borough Municipal Building  
46 Main Street  
Franklin, NJ 07416  
(973)827-9280 Ext. 100

The fee for all certified copies is \$10.00. You should make your check or money order payable to "**Franklin Borough**". Do not send cash through the mail. Mail the completed the application below, fee and a self addressed stamped envelope to:

Franklin Borough Registrar  
46 Main Street  
Franklin, NJ 07416

► NOTE: There is a 2 week processing period.

There are specific individuals who can obtain a Vital Record:

- The subject of legal age
- The parents of the subject
- A brother or sister of legal age with proof of the relationship
- The spouse, the civil union partner, the child and grandchild of legal age showing proof of the relationship.
- The legal guardian or legal representative with court documentation.
- Executor of the estate of the deceased. Please note that you will need to provide copies of the Executor Papers.

### ▪ REQUIRED IDENTIFICATION

For all certified copies proper identification is required. A valid photo driver's license showing your current address and signature, **or two** of the following must be provided:

- A non-photo drivers license,
- A vehicle registration,
- A vehicle insurance card,
- A county ID
- A passport, voter registration, school ID, or a utility bill received within the last three months.

**Do not** use this form to request a Certified Copy of a Certificate of Birth Resulting in Stillbirth. Use form REG 68 which is available on the Department's website at: [www.state.nj.us/health/vital/vital](http://www.state.nj.us/health/vital/vital)

**Follow the instructions carefully.**

## APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

A **Certified Copy** of a 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 Great Seal of the State of New Jersey and can be used for legal or identification purposes.

**PLEASE TYPE OR PRINT CLEARLY! ALL ITEMS ARE REQUIRED UNLESS NOTED OTHERWISE. PROOF OF IDENTITY IS REQUIRED. MAKE CHECK OR MONEY ORDER PAYABLE TO "FRANKLIN BOROUGH". DO NOT MAIL CASH. INCLUDE A SASE.**

Name of Applicant  <hr/> Street Address  <hr/> City                      State                      Zip Code  <hr/> Signature of Applicant	Relationship to Person Named On Requested Record. (Proof may be required)  <hr/> Telephone Number  <hr/> Date of Application	Why is record being Requested? <input type="checkbox"/> Passport <input type="checkbox"/> Driver License <input type="checkbox"/> Soc. Sec. Card <input type="checkbox"/> Soc. Sec. Dis. <input type="checkbox"/> Soc. Sec. Benefits <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Genealogy <input type="checkbox"/> Other
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B I R T H	Full Name of Child at Time of Birth		No. of Copies Requested
	Place of Birth (City, Town or Township)		County
	Exact Date of Birth	Name of Hospital	
	Mother's full Maiden Name	Father's Name (if recorded on the record)	
	If Child's Name Was changed, Indicate New Name and How it was Changed		

M A R R I A G E	Name of Husband		No. of Copies Requested
	Maiden Name of Wife		Exact Date of Marriage
	Place of Marriage (City, Town or Township)	County	

C I V I L U N I O N	Name of Applicant #1		No. of Copies Requested
	Name of Applicant #2		Exact Date of Civil Union
	Place of Ceremony	County	

D E A T H	Name of Deceased		
	Exact Date of Death		No. of Copies Requested
	Place of Death (City, Town or Township)	County	
	Mother's Full Maiden Name	Father's Name (if recorded on the record)	

\*Births occurring over 80 years ago, marriages occurring over 50 years ago and deaths occurring over 40 years ago are considered genealogical and therefore exact information is not required. You may provide only the name of the individual recorded on the vital record, the county where the event occurred and the year the event occurred.

FOR BOROUGH USE ONLY			
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Payment Amount: \$	ID Viewed:	Processed By: