



BOROUGH OF HADDON HEIGHTS  
MUNICIPAL BUILDING  
625 STATION AVENUE  
HADDON HEIGHTS, NJ 08035  
WWW.HADDONHTS.COM  
PHONE: 856-547-7164 · FAX: 856-547-5259



EDWARD S. FORTE, JR., MAYOR

## **INSTRUCTIONS FOR OBTAINING COPY OF A VITAL RECORD**

To Whom It May Concern:

Please complete the enclosed Application for a Certification or a Certified Copy of a Vital Record. Along with this Application, please enclose a legible copy of photo identification i.e. current Driver's License or two forms of Alternate identification i.e. Passport/ Voter Registration.

You must return a check payable to the Borough of Haddon Heights in the amount of \$10.00 (per copy) along with a self-addressed stamped envelope to the address above. As soon as these items are received, your certified copy will be generated, usually within one (1) business day.

If you have any questions or concerns, please contact me at (856)-547-7164.

Sincerely,

Marian Hauser  
Registrar, Vital Statistics  
Borough of Haddon Heights

**Borough of Haddon Heights  
625 Station Avenue  
Haddon Heights, NJ 08035**

**APPLICATION FOR A NON-GENEALOGICAL CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD  
APLICACIÓN PARA COPIAS CERTIFICADAS Ó CERTIFICACIONES DE REGISTROS CIVILES NO-ANCESTRO**

<input type="checkbox"/> I would like a <b>Certified Copy</b> . (Quiero una copia certificada.) <input type="checkbox"/> I would like a <b>Certification</b> . (Quiero una certificación.) Documents in need of an <b>Apostille Seal</b> must be obtained from the State. (Registros que necesitan un Sello de Apostille, deben ser obtenidos por la Oficina Estatal.)		Preferred format (if available): (Prefiero:) <input type="checkbox"/> Computer-generated copy of original. (Copia del Original-Generado por Computadora) <input type="checkbox"/> Digital Image/Photocopy of original. (Imagen Digital/Fotocopia del Original)	
Name of Applicant (Nombre de Apicante)		Relationship to person on record (Proof is required if certified copy requested.) [Relación al individuo (Prueba es requerida para copia certificada.)]	
Current Mailing Address (Must Match address on ID) [Dirección Postal (Debe coincidir con identificación)]		Reasons for Request: (Motivo de solicitud) <input type="checkbox"/> Passport (Pasaporte) <input type="checkbox"/> Driver's License (Licencia de Conducir) <input type="checkbox"/> School/Sports (Escuela/Deportes) <input type="checkbox"/> Veterans' Benefits (Beneficios veteranos) <input type="checkbox"/> Social Security Card (Tarjeta Seguro Social) <input type="checkbox"/> Social Security Disability (SSI / Incapacidad) <input type="checkbox"/> Other SS Benefits (Otros beneficios de seguro social) <input type="checkbox"/> Medicare (Medicare) <input type="checkbox"/> Welfare (Asistencia Pública) <input type="checkbox"/> Other (Otro) _____	
City (Ciudad)	State (Estado)		
Applicant's Signature (Firma del Apicante)		Date of Application (Fecha)	

<input type="checkbox"/> <b>BIRTH (NACIMIENTO)</b>	Full Name of Child at Time of Birth (Nombre Completo al Nacer)		No. Requested Copies (No. de Copias)
	Place of Birth (City, Town) [Lugar de Nacimiento (Ciudad, Pueblo)]	County (Condado)	Exact Date of Birth (Fecha de Nacimiento)
	Full Name of Child's Parent A (List name given at birth or on birth certificate) [Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento)]		
	Full Name of Child's Parent B (if on record) (List name given at birth or on birth certificate) [Nombre completo de Padre/Madre B (si el registro) (Inscrito en el acta de nacimiento)]		
	If the Child's Name was Changed, Indicate New Name and How it was Changed: (Si el nombre del niño fue cambiado, indique el nuevo nombre y como fue cambiado):		
<input type="checkbox"/> <b>MARRIAGE (MATRIMONIO)</b> <input type="checkbox"/> <b>CIVIL UNION (UNIÓN CIVIL)</b> <input type="checkbox"/> <b>DOMESTIC PARTNERSHIP (SOCIEDAD DOMÉSTICA)</b>	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. Requested Copies (No. de Copias)
	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)
	Place of Event (City, Town) [Lugar del Evento (Ciudad, Pueblo)]	County (Condado)	
<input type="checkbox"/> <b>DEATH (DEFUNCIÓN)</b>	Name of Deceased Individual (Nombre del Fallecido)		
	Exact Date of Death (Fecha Exacta del Evento)	No. Requested Copies (No. de Copias)	
	Place of Event (City/Town) [Lugar del Evento (Ciudad, Pueblo)]	County (Condado)	
	Full Name of Deceased Individual's Parent A (List name given at birth or on birth certificate) [Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento)]	Full Name of Deceased Individual's Parent B (List name given at birth or on birth certificate) [Nombre completo de Padre/Madre B (Inscrito en el acta de nacimiento)]	

**Application Checklist: Have you enclosed and completed all required information?  
(Lista Comprobada: ¿A Usted Incluido y Completado Toda la Información Requerida en la Aplicación?)**

- All Items on Application (Todo Artículos en la Aplicación)    
  Payment (Pago)    
  Acceptable Forms of ID (Identificación Aceptable)    
  Proof of Relationship (Prueba de Parentesco)    
  Mailing Address Matches ID (Dirección Postal Coincidente con ID)

**FOR OFFICIAL 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
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