

**REGISTRAR'S OFFICE  
BOROUGH OF ROCKY HILL  
P.O. BOX 188, ROCKY HILL NJ 08553**

**APPLICATION for CERTIFIED COPY**

FEE - \$5.00 each \_\_\_\_\_ CHECK \_\_\_\_ CASH (fee payable with application)

**I.D. REQUIRED - ONE COPY OF A PHOTO I.D. or TWO OTHER FORMS OF I.D.**  
(Non-Photo Drivers License, Voter Registration Card, Green Card, County ID, School ID, Insurance Card)

A Certified Copy of 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 seal of the Borough of Rocky Hill and can be used for legal or identification purposes.

PRINT YOUR NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

RELATIONSHIP TO PERSON NAMED ON REQUESTED RECORD (I.D. May Be Required)

\_\_\_\_\_

REASON FOR REQUEST \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

MAIL TO \_\_\_\_\_

TO BE PICKED UP (DATE) \_\_\_\_\_ AM \_\_\_\_ PM \_\_\_\_

PHONE NUMBER \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

<b>For a BIRTH CERTIFICATE</b>	DATE of BIRTH _____ # of Copies _____ NAME on RECORD _____ PLACE of BIRTH _____ MOTHER'S FULL MAIDEN NAME _____ FATHER'S FULL NAME _____
<b>For a DEATH CERTIFICATE</b>	DATE of DEATH _____ # of Copies _____ NAME on RECORD _____ PLACE of DEATH _____ MOTHER'S FULL MAIDEN NAME _____ FATHER'S FULL NAME _____
<b>For a MARRIAGE CERTIFICATE</b>	DATE OF MARRIAGE _____ # of Copies _____ PLACE of MARRIAGE _____ HUSBAND'S FULL NAME _____ WIFE'S FULL MAIDEN NAME _____
<b>For a DOMESTIC PARTNERSHIP</b>	DATE OF DOMESTIC PARTNERSHIP _____ # of Copies _____ DOMESTIC PARTNER #1 NAME _____ DOMESTIC PARTNER #2 NAME _____