

## Request for Certified Copies - Township of Ocean, Monmouth County

To obtain a certified copy of your **Birth, Death, Marriage, Civil Union or Domestic Partnership** it had to occur in the Township of Ocean, Monmouth County, New Jersey.

All requests must be accompanied by a copy of the following:

**1) form(s) of identification, 2) a check or money order, and 3) must include a self-addressed stamped envelope.**

If your request is not completed fully, it will be returned to you as denied.

<b>Mail form to:</b>	Township of Ocean Municipal Clerk's Office 399 Monmouth Road Oakhurst, NJ 07755	Phone # 732 - 531-5000 ext. 323, 322, or 321
<b>Identification required:</b>	Copy of Photo ID showing the address to which record is being sent.  <b>Note:</b> If you do not have a photo ID showing the address to which the record will be sent, you may submit a photo ID without the address (green card, work ID, school ID) <u>AND</u> one other form of ID showing the shipping address.  <b>OR</b> 2 alternate forms of ID showing requestor's name and shipping address - (such as an insurance card, voter registration card, utility bill, lease, bank statement, or deed)	
<b>Fee:</b>	Cash, Check or Money Order <b>\$10.00 per certified copy</b> Make Check Payable To: <b>TOWNSHIP OF OCEAN</b>	

<b>Requestor's Full Name: (Print)</b>	<b>(Signature)</b>
<b>Address:</b>	<b>Telephone:</b>
<b>Date of Request:</b>	<b>Number of Certified Record:</b>
<b>Requestor's Relationship to Record on file: (required)</b>	
Self   Parent   Spouse   Partner   Child   Sibling   Funeral Director   Legal Guardian   Legal Representative	
<b>Other:</b>	

CERTIFIED COPY OF MARRIAGE or CIVIL UNION CERTIFICATE
<b>Full Name of Applicant (exact)</b>
<b>Full Name of Applicant (exact)</b>
<b>Date of Marriage or Civil Union (exact)</b>
CERTIFIED COPY OF BIRTH or DEATH CERTIFICATE
<b>Full Name as it appears on Record (exact)</b>
<b>Date of Birth or Death (exact)</b>
<b>Mother's Maiden Name</b>
<b>Father's Name</b>
CERTIFIED COPY OF DOMESTIC PARTNERSHIP
<b>Full Name of Partner (exact)</b>
<b>Full Name of Partner (exact)</b>
<b>Date of Record on File (exact)</b>

**FOR MUNICIPAL USE ONLY**

<b>Payment Type:</b>	<b>Amount Issued:</b>	<b>Amount Paid:</b>	<b>ID Viewed:</b>	<b>Processed by:</b>
Cash Check	_____	\$ _____	_____	_____