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:

Cash Check

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.

Mail form to:	Township of Ocean			Phone # 732 - 531-5000		
	Municipal Clerk's Office 399 Monmouth Road			ext. 323, 322, or 321		
	Oakhurst, NJ 07755					
Identification required:	Copy of Photo ID showing the address to which record is being sent.					
	Note: 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. OR					
		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)					
Fee:	Cash, Check or M	Money Order \$10.00 pe	r certified c	ру		
<u></u>	Make Check Payable To: TOWNSHIP OF OCEAN					
Requestor's Full Name:	(Print)		(Signatı	ıre)		
Address: Telephone:						
Date of Request: Number of Certified Record:						
Requestor's Relationship	to Record on file:	(required)		<u> </u>		
Self Parent Spouse Partner Child Sibling Funeral Director Legal Guardian Legal Representative						
Other:						
Other.						
CERTIFIED COPY OF MARRIAGE or CIVIL UNION CERTIFICATE						
Full Name of Applicant (exact)						
Full Name of Applicant (exact)						
Date of Marriage or Civil Union (exact)						
Date of Marriage of C	SIVII CHION (CAN	,				
CERTIFIED COPY OF BIRTH OF DEATH CERTIFICATE						
Full Name as it appears on Record (exact)						
Date of Rivth or Dooth	(ovect)	·				
Date of Birth or Death (exact)						
Mother's Maiden Name	e					
Father's Name						
#1.5	e in	TIFIED COPY OF DON	MESTIC PAR'	INTORESE I D		
Full Name of Partner					***************************************	
Full Name of Partner (exact)					
Date of Record on File	(exact)					
		FOR MUNIC	IPAL USE ONLY	· · · · · · · · · · · · · · · · · · ·		
Payment Type: Amo	ount Issued:	Amount Paid:		D Viewed:	Processed by:	