



**TOWNSHIP OF DENNIS
DEPARTMENT OF VITAL STATISTICS
571 PETERSBURG ROAD
PO BOX 204
DENNISVILLE, NEW JERSEY 08214-0204**

REQUEST FOR CERTIFIED COPY OF MARRIAGE RECORD

RAISED SEAL CERTIFIED COPIES WILL ONLY BE ISSUED TO THE FOLLOWING PERSONS

BRIDE OR GROOM

THE RELATIONSHIP BETWEEN THE REQUESTOR AND THE PERSONS NAMED ON THE MARRIAGE RECORD WILL BE THE DETERMINING FACTOR FOR RELEASING RECORDS.

Date of this Request: _____

Number of Copies Requested: _____

Exact Names on Record – Bride (Maiden): _____

Groom: _____

Date of Marriage: _____

Place of Marriage : _____

Mother's Full Maiden Name: _____

Father's Name: _____

Your Relationship to Individual on Document: _____

Purpose Needed: _____

Your Name: _____

Address: _____

Phone Number: _____

Signature: _____

Issued By: _____ Date: _____ Fee Collected: \$ _____

ANY REQUEST FOR VITAL RECORDS WILL REQUIRE A PHOTO IDENTIFICATION WITH ADDRESS OR TWO ALTERNATE FORMS OF IDENTIFICATION WITH ADDRESS

ID: _____

If Drivers License, indicate DL#. If State issued passport, indicate country of issuance and number.

Please fill in all the information requested. Certified copies are \$3.00 each. Don't forget to include a copy of your photo driver's license with address or two alternate forms of identification with address. Please make your check or money order payable to the Township of Dennis and mail to the address above.