# City of Camden
## Bureau of Vital Statistics

City Hall – Room #103, P.O. Box 95120
Camden, NJ 08101

The **APPROPRIATE** section below must be filled out, signed, and returned to the above address with a photocopy of an ID (Driver's License, Work ID, etc.), along with a **SELF-ADDRESSED, STAMPED ENVELOPE. PLEASE ALLOW 7-14 DAYS FOR DELIVERY.**

The cost for the copy is **$10.00.** Please make check or money order payable to: **THE CITY OF CAMDEN. NO CASH PLEASE.**

**PLEASE NOTE THAT THIS FORM IS FOR THE RECORDS MAINTAINED WITHIN THE CITY OF CAMDEN DATED FROM 1924. RECORDS DATED PRIOR TO 1924 or OUTSIDE THE CITY, MUST BE OBTAINED FROM:**

**THE STATE REGISTRAR, CN 370, TRENTON, NJ 08625.**
**(THE STATE'S FEE IS $25.00.)**

**Subject's Full Name:** _____
LAST FIRST MIDDLE

**Spouse (for B only):** _____
LAST FIRST MIDDLE

**Mother's Maiden Name (A, B & C):** _____

**Father's Name (A, B & C):** _____

**Relationship to subject (A, B & C):** _____

*CERTIFICATE TYPE*

**BIRTH (A)**

**A.**
**Date of BIRTH:** _____
MONTH DAY YEAR

**Place of BIRTH:** _____
COUNTY CITY STATE

☐ **Please indicate by checking the box that you want a birth certificate with the parent's names. If this box is not checked off, this office will forward the standard birth certificate without the parent's names.**

**MARRIAGE/CIVIL (B)**

**B.**
**Date of EVENT:** _____
MONTH DAY YEAR

**Place of EVENT:** _____
COUNTY CITY STATE

**DEATH (C)**

**C.**
**Date of DEATH:** _____
MONTH DAY YEAR

**Place of DEATH:** _____
COUNTY CITY STATE

**Signature:** _____ **Number of copies:** _____