

Dr. Michael Brantley, Mayor
Mary Beth Jahn, Deputy Mayor
J. Randy Bishop
James W. Manning, Jr.
Kevin McMillan



Philip D. Huhn, M.P.A., CPM
Business Administrator
Richard J. Cuttrell, R.M.C.
Township Clerk
Michael J. Bascom, C.M.F.O., C.T.C.
Chief Financial Officer
Economic Development Director

**BOARD OF HEALTH
OFFICE OF THE REGISTRAR OF VITAL STATISTICS**

Hugh P. Hinds, Registrar

Joyce E. Wilder, Deputy Registrar

Neptune Township Requirements for obtaining a certified Birth, Civil Union, Death, or Marriage Certificate.
Certified Records are \$15.00 each, we accept cash, money orders and in state checks.

Executive order #18, signed by Governor McGreevy on April 24, 2002, established a new procedure for requesting vital records from the Office of Vital Statistics. The order directed our office to authenticate the individual requesting a copy of the above listed records, as well as their relationship to person(s) named on record. Acceptable forms of Identification, listed below, must be presented in order to obtain a vital record.

Valid photo driver's license with current address.

OR

Two alternate valid forms of ID, one of which must show the current address.

Alternate forms of ID:

- Non-Photo Driver's License
- Vehicle Registration
- Insurance Card
- Voter Registration Card
- Passport
- Green Card
- County ID
- School ID
- Work ID
- State ID
- Military ID
- Utility Bill (current within in the past 30 days)

People who are homeless can provide identification from a social worker or homeless shelter coordinator.

People who are incarcerated can provide legal imprisonment or release documents or identification from a prison/probation official, current in the past 30 days.

If you are unable to supply us with a copy of any of the aforementioned documents, the following individuals may request if for you with their VALID ID- Parents, Siblings (Birth certificate required), Children (Birth certificate required), Spouse (Marriage certificate required), and Partner (Civil Union certificate required).

If mailing, please submit clear photocopies of identification listed above, your phone number, self addressed stamped envelope, signed request for vital record(s) needed, full name of individual(s), date of birth (include mother's maiden name and father's name), date of death, date of marriage, and/or date of civil union. Mail requests to the address listed below.

We accept checks or money orders payable to 'Township of Neptune' include your telephone number on the check and the required fee of \$15.00 per certificate. We cannot accept out of state checks. Please allow two weeks to process.

For further inquiries, in regard to Vital Statistics on registering, amending or obtaining copies of vital records, please contact our office at the number listed below. Our office hours are Monday – Friday 8:30 am – 4:30 pm.

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Hugh P. Hinds, Registrar **CERTIFIED COPIES ARE \$15.00 EACH** **Joyce Wilder, Deputy Registrar**
CERTIFICATES WILL NOT BE ISSUED WITHOUT PROPER IDENTIFICATION

Today's Date: _____ Reason Record is Requested: _____

Name of Person Requesting Record (First / Last):	Type of ID viewed[office use only]
Current Legal Address (No Post Office Box):	Relationship to Person listed in requested record:
City, State, Zip	Telephone Number:

BIRTH CERTIFICATE

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Full name of child at birth(First, Middle, Last):	Full name of child at birth(First, Middle, Last):
Name change, list new name (First, Middle, Last):	Name change, list new name (First, Middle, Last):
Date of Birth:	Date of Birth:
Mother's Full Maiden name (First & Last):	Mother's Full Maiden name (First & Last):
Father's name (First & Last): Only if recorded on record	Father's name (First & Last): Only if recorded on record
Number of copies:	Number of copies:

MARRIAGE CERTIFICATE

CIVIL UNION / DOMESTIC PARTNERSHIP

Name of Husband (First, Middle, Last):	Name of Partner(A) (First, Middle, Last):
Maiden Name of Wife (First, Middle, Last):	Name of Partner(B) (First, Middle, Last):
Date of Marriage:	Date of Civil Union or Domestic Partnership:
Number of copies:	Number of copies:

DEATH CERTIFICATE

Name of deceased (First, Middle, Last):	Number of copies:
Date of death:	