



# CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

OFFICE OF CITY CLERK

## APPLICATION FOR CERTIFIED RECORD OF A BIRTH – Fee \$10.00

MAKE CHECKS PAYABLE TO CITY OF OCEAN CITY, 861 ASBURY AVENUE, OCEAN CITY, NJ 08226

### BIRTH

Requester's Name \_\_\_\_\_

Requester's Address \_\_\_\_\_

\_\_\_\_\_

Requester's relationship to subject \_\_\_\_\_ as stated in **paragraph 2** of **cover letter**.

Subject's Place of Birth \_\_\_\_\_ CITY \_\_\_\_\_ STATE

Subject's **Full Name** as it appears on the record

\_\_\_\_\_ LAST FIRST MIDDLE

Subjects' Date of Birth as it appears on the record \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR

Subject's **Mother's Maiden Name** as it appears on the record

\_\_\_\_\_ LAST FIRST MIDDLE

Subject's **Father's Name** as it appears on the record (if listed)

\_\_\_\_\_ LAST FIRST MIDDLE

**Photocopy of ID** Enclosed (Per requirements as listed on **cover letter**.)

- 1.
- 2.
- 3.

\_\_\_\_\_  
REQUESTER'S SIGNATURE

\_\_\_\_\_  
DATE

Date applied \_\_\_\_\_ Date Mailed \_\_\_\_\_