

**LOGAN TOWNSHIP
OFFICE OF VITAL STATISTICS**

**APPLICATION FOR CERTIFIED COPIES OF
BIRTHS, MARRIAGES, DOMESTIC PARTNERSHIPS, CIVIL UNIONS OR DEATHS**

MAIL IN A COMPLETED APPLICATION WITH A MONEY ORDER OR CHECK IN THE CORRECT
AMOUNT MADE PAYABLE TO LOGAN TOWNSHIP, PO BOX 314, BRIDGEPORT, NJ 08014.
ALSO, ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE

MUST ATTACH A COPY OF PHOTO I.D. WITH ADDRESS OR PHOTO I.D. (NO ADDRESS) WITH
ONE (1) FORM OF I.D. WITH ADDRESS
APPLICANT'S NAME & ADDRESS

RELATIONSHIP TO BELOW: _____ HOW MANY COPIES? _____

FOR WHAT PURPOSE IS CERTIFICATE NEEDED:

SIGNATURE: _____ DATE: _____

BIRTH CERTIFICATE –FEE \$2.00 EACH	<i>Complete this side (ONLY) if applying for more than one birth record</i>
1. NAME: _____	2. NAME: _____
Place of Birth: Logan Township	Place of Birth: Logan Township
Date of Birth: _____	Date of Birth: _____
Name of Father: _____	Name of Father: _____
Maiden Name of Mother: _____	Maiden Name of Mother: _____

MARRIAGE CERTIFICATE – FEE \$2.00 EACH
Name of Husband: _____
Maiden Name of Bride: _____
Place of Marriage: Logan Township
Date of Marriage: _____

CIVIL UNIONS AND DOMESTIC PARTNERSHIPS – FEE \$2.00 EACH
Name of Partner A: _____
Name of Partner B: _____
Place of Civil Union or Domestic Partnership: _____
Date Civil Union or Domestic Partnership Filed: _____

DEATH CERTIFICATE –FEE \$2.00 EACH
Name of Deceased: _____
Place of Death: Logan Township
Date of Death: _____