

**Township of Franklin**  
**1571 Delsea Drive**  
**Franklinville, NJ 08322**  
**Phone: 856-694-1234**  
**Fax: 856-694-1279**  
**Email: clerk@franklintownship.com**

**REQUEST FOR CERTIFIED BIRTH, MARRIAGE & DEATH CERTIFICATES**

Please download and complete this application, have it notarized and mail to the above address. Include:

- A copy of your photo ID
- Check for \$10.00 per certified copy, made out to the Township of Franklin
- Self-addressed, stamped envelope

**Birth Certificate**

Name on record \_\_\_\_\_

Date of birth \_\_\_\_\_

Full maiden name of mother \_\_\_\_\_

Name of father \_\_\_\_\_

**Marriage Certificate**

Date of marriage \_\_\_\_\_

Full name of bride \_\_\_\_\_

Full name of groom \_\_\_\_\_

Place of marriage \_\_\_\_\_

**Death Certificate**

Full name of deceased \_\_\_\_\_

Father's name \_\_\_\_\_

Mother's full maiden name \_\_\_\_\_

Date of death \_\_\_\_\_

Place of death \_\_\_\_\_

Number of certificates needed \_\_\_\_\_

Purpose needed \_\_\_\_\_

**Your information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship to the named above \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_  
ID (Driver's license # & state issued or passport # and country issued)

Notary \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

[SEAL]