New Jersey Department of Health and Senior Services Vital Statistics and Registration

APPLICATION FOR A CERTIFICATION OR A CERTIFIED COPY OF A VITAL RECORD

A Certification of a vital record event is issued to those individuals with a distant or no relationship to the individual(s) listed on the vital record. It is issued for informational purposes only and cannot be used for legal or identification purposes.

A <u>Certified Copy</u> of a vital record event is issued to those individuals who have a direct link to the individual(s) named on the vital record event, as identified in Governor McGreevey's Executive Order 18, and provided that the requestor is able to identify the vital record and can provide proof of his identity and relationship. A Certified Copy will contain the raised Great Seal of the State of New Jersey and can be used for legal or identification purposes.

PLEASE TYPE OR PRINT CLEARLY! ALL ITEMS ARE REQUIRED UNLESS NOTED OTHERWISE.* PROOF OF IDENTITY IS REQUIRED. MAKE CHECK OR MONEY ORDER PAYABLE TO "STATE TREASURER." DO NOT MAIL CASH.

| Name of Applicant | | | | Relationship to Person Named on Requested Record (Proof may be required.) | | | Why is record being requested? Passport Driver License | |
|------------------------|---|--|-----------------------------------|---|---|--|---|--|
| Street Address | | | | ☐School/Sports ☐Social Security Card ☐Soc. Sec. Disability | | | | |
| City | St | | Telephone Number | | | Other Soc. Sec. Benefits Veterans Benefits Medicare Welfare | | |
| Signature of Applicant | | | Date of | Date of Application | | | Genealogy Other: | |
| | Full Name of Child at Time of Birth | | | | | | of Copies Requested | |
| ⊟віктн | Place of Birth (City, Town or Township) | | | | County | | | |
| | Exact Date of Birth Name of Hospital (Optional) | | | | | | | |
| | Mother's Full Maiden Name Father's Name (if | | | | ne (if recorded o | recorded on the record) | | |
| | If Child's Name Was Changed, Indicate New Name and How It Was Changed | | | | | | | |
| DO No availab | DT use this form to requestle on the Department's web | t a <u>Certified Copy of a</u> site at: <u>www.state.nj.us</u> /h | Certificate of nealth/vital/vital | Birth Res | sulting in Stillb Follow the inst | uctions | s carciany. | |
| | Name of Husband/Civil Union Partner | | | | | No. of Copies Requested | | |
| ∐ MARRIAGE | Maiden Name of Wife/Civil Union Partner | | | | | Exact Date of Ceremony | | |
| CIVIL UNION | Place of Marriage/Civil Union (City, Town or Township) | | | | County | | | |
| | Name of Partner | | | | | No. | No. of Copies Requested | |
| DOMESTIC PARTNER- SHIP | Name of Partner | | | | | Exact Date Registered | | |
| | Place Where Domestic Partnership Registered (City, Town or Township) | | | | County | | | |
| □DEATH | Name of Deceased | | | Social S | Security No. (See Note) No. of Copies Requested | | | |
| | Exact Date of Death Place of Death (City, Town or Township) | | | County | ounty | | | |
| | Mother's Full Maiden Name Father's Name (if recorded of | | | | on the record) | | | |
| NOTE: Social | Mother's Full Maiden Name I Security Number is only required for Insurance, Title and Bank Comparing over 80 years ago, marriages occurring over 50 years ago and de | | | | sting copies of | Death r | ecords. | |

and therefore exact information is not required. You may provide only the name of the individual recorded on the vital record, the county where the event occurred and the year the event occurred. Multiple years may be searched at a fee of \$1.00 per additional year searched.

| event occurred a | illu ille year use | event occurre | a. Islandro yours may we | | The state of the s |
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| | unitali elemine | | | OR STATE USE ONLY | |
| | Payment Type | : : | Payment Amount: | ID Viewed: | Processed By: |
| REG-3 AUG 07 | □Cash □Check | □M/O □Waived | \$ | | |

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| | QUIRED. MAKE CHECK OF | (MONE) ONDERTAIN | | t- Deman Named | Why is record being requested? | | | |
|------------------------|---|--|--|---|--|--|--|--|
| Name of Applicant | t | | on Requested (Proof may be | to Person Named d Record e required.) | ☐Passport ☐Driver License ☐School/Sports ☐Social Security Card ☐Soc. Sec. Disability | | | |
| Street Address | | | | | | | | |
| City | State Zip Code Telephone Number | | | | ☐ Other Soc. Sec. Benefits ☐ Veterans Benefits ☐ Medicare ☐ Welfare | | | |
| Signature of Applicant | | | Date of Appli | cation | ☐Genealogy ☐Other: | | | |
| | Full Name of Child at Time of | No. of Copies Requested | | | | | | |
| ∐віктн | Place of Birth (City, Town or | ownship) | | County | | | | |
| | Exact Date of Birth | | | | | | | |
| | Mother's Full Maiden Name | on the record) | | | | | | |
| | If Child's Name Was Changed, Indicate New Name and How It Was Changed | | | | | | | |
| DO NO availab | DT use this form to requestle on the Department's webs | a Certified Copy of a (site at: www.state.nj.us/he | Certificate of Birth ealth/vital/vital.shtm | Resulting in Stillb | irth. Use form REG-68 which is auctions carefully. | | | |
| | Name of Husband/Civil Union | No. of Copies Requested | | | | | | |
| ☐ MARRIAGE | Maiden Name of Wife/Civil U | Exact Date of Ceremony | | | | | | |
| CIVIL UNION | Place of Marriage/Civil Union | , | | | | | | |
| | Name of Partner | No. of Copies Requested | | | | | | |
| DOMESTIC PARTNER-SHIP | Name of Partner | Exact Date Registered | | | | | | |
| | Place Where Domestic Partr | | | | | | | |
| | Name of Deceased | Soc | ial Security No. (Sec | No. of Copies Requested | | | | |
| □DEATH | Exact Date of Death Place of Death (City, Town or Township) | | | | county | | | |
| | Mother's Full Maiden Name Father's Name (if | | | Name (if recorded | ecorded on the record) | | | |
| NOTE: Social | Security Number is only requir | ed for Insurance, Title and | Bank Companies re | equesting copies of i | Death records. | | | |

* Births occurring over 80 years ago, marriages occurring over 50 years ago and deaths occurring over 40 years ago are considered genealogical and therefore exact information is not required. You may provide only the name of the individual recorded on the vital record, the county where the event occurred and the year the event occurred. Multiple years may be searched at a fee of \$1.00 per additional year searched.

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