## APPLICATION FOR A <u>NON-GENEALOGICAL</u> CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD

☐ Certified Copy ☐ Certified Copy for an Apostille Seal		Requestor's Relationship to Person on Record (proof is required for certified copy		ignature	
☐ Certification			Date (of request)	) / /	
Name of Requestor  First Last  Current Mailing Addre  Street City  Email Address  BIRTH	Middle  SS (must match address on IL  Sta		Reasons for Re Passport Driver's I School / S Veterans Social Se Medicare	equest  License Sports ' Benefits curity Card / Benefits	
Child's Name at Birth First		Middle	Last	Last	
No. Requested Copies	Place of Birth  City	State	County	Date of Birth /	
Name of Child's Parents (name given at birth or on birth certificate / Maiden Name)  Parent A First Middle Last  Parent B First Middle Last  If Child's name was changed:					
New Name Describe Change					
MARRIAGE		CIVIL UNION	DOMESTIC I	PARTNERSHIP	
No. Doggood Coulos	Place of Event		County	Date of Event	
No. Requested Copies	City	State		, ,	
Name of Spouses (name Spouse A First Spouse B First	1		Last Last	, ,	
Name of Spouses (name Spouse A First	1	tificate / Maiden Name) Middle		· ,	
Name of Spouses (name Spouse A First Spouse B First	1	tificate / Maiden Name) Middle		. ,	
Name of Spouses (name Spouse A First Spouse B First  DEATH	given at birth or on birth cer	tificate / Maiden Name) Middle Middle	Last	Date of Death	
Name of Spouses (name Spouse A First Spouse B First DEATH Name of Decedent No. Requested Copies	First Place of Death City	tificate / Maiden Name)  Middle  Middle  Middle	Last Last		
Name of Spouses (name Spouse A First Spouse B First DEATH Name of Decedent No. Requested Copies	First Place of Death City	tificate / Maiden Name)  Middle  Middle  Middle  Middle	Last Last		
Name of Spouses (name Spouse A First Spouse B First DEATH Name of Decedent No. Requested Copies	First Place of Death City	tificate / Maiden Name)  Middle  Middle  Middle  State  or on birth certificate / Maiden Name)	Last  County		
Name of Spouses (name Spouse A First Spouse B First DEATH Name of Decedent No. Requested Copies Name of Decedent's Parent A First	First Place of Death City arents (name given at birth	tificate / Maiden Name)  Middle  Middle  Middle  State  or on birth certificate / Maiden Name)  Middle	Last  County  Last  Last  Last  Accept		

REG-37a SEP 17 Payment Type: Cash MO Check Waived Amount: \$ D Viewed Processed By:

## INSTRUCTIONS FOR OBTAINING A COPY OF <u>NON-GENEALOGICAL</u> VITAL RECORDS

- **Non-Genealogical Records** are births occurring within the last 80 years or if the individual is still living, marriages occurring within the last 50 years, deaths occurring within the last 40 years and all civil union and domestic partnership records.
- **Certified Copies** have the raised seal of the office issuing the record and are always issued on State of New Jersey safety paper. Certified copies may be used to establish identity and are legal documents.
- **Certifications** are issued on plain paper with no seal and clearly indicate they are not valid for establishing identity or for legal purposes. Certifications are generally useful for genealogy. Certifications of death records do not contain the Social Security Number or the Cause of Death medical terminology.
- Apostille Seal An Apostille Seal is an additional seal required for certain certified records that will be presented to a foreign government that is a member of the Hague Treaty. The seal is often required on documents for international adoptions or establishing dual citizenship. Contact the consulate of the country involved to determine if you need an Apostille Seal.

An Apostille Seal can only be obtained by first requesting certified copy of the vital record from the State Office of Vital Statistics and Registry. You would then forward this document to the New Jersey Department of Treasury, which issues the Apostille Seal. Additional information is available at: http://www.state.nj.us/treasury/revenue/apostilles.shtml.

**Applications** for a certification or certified copy of a **Non-Genealogical** record **require** the applicant to provide a completed application, valid proof of identity<sup>1</sup>, payment of the fee and, if requesting a certified copy, proof that establishes you are:

- o the subject of the record;
- o the subject's parent, legal guardian or legal representative;
- o the subject's spouse/civil union partner, domestic partner, child, grandchild or sibling, if of legal age;
- o a state or federal agency for official purposes; or
- o requesting pursuant to a court order.

To request a certified copy of a <u>Certificate of Birth Resulting in Stillbirth</u>, use form REG-68, which is available on the New Jersey Department of Health website at: <a href="http://nj.gov/health/vital/registration-vital/stillbirth/">http://nj.gov/health/vital/registration-vital/stillbirth/</a>.

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Location Address:	Hours of Operation:	
Mailing Address:	Fees:	

Valid photo driver's license or photo non-driver's license with current address OR valid driver's license without photo and an alternate form of ID with current address OR two (2) alternate forms of ID, one of which must show the current address. Alternate forms of ID are: vehicle registration, vehicle insurance card, voter registration, US/foreign passport, permanent resident card (green card), Immigrant Visa, Federal/State ID, county ID, school ID, utility bill (within the previous 90 days), bank statement (within previous 90 days) or W-2 for current or previous year. Requests for records to be mailed to an address other than that which appears on the requestor's ID must be accompanied by a notarized letter which includes A) the alternate address, and B) a written request to mail records to this alternate address.