REQUEST FOR VITAL RECORD

Stanhope Borough, 77 Main Street
Stanhope, NJ 07874
973-347-0159 (x-16 or x-15)

APPLICATION FOR A *NON-GENEALOGICAL* CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD

APLICACIÓN PARA COPIAS CERTIFICADAS Ó CERTIFICACIONES DE REGISTROS CIVILES NO-ANCESTRO

☐ I would like a ***Certified Copy***. **(Cost: $5.00 per copy)**
(Quiero una copia certificada.)
☐ I will be forwarding the **Certified Copy** for an **Apostille Seal**.
(Enviaré esta copia certificada para ser Apostillada.)
☐ I would like a ***Certification***.
(Quiero una certificación.)

Preferred format (if available):
(Prefiero:)
☐ Computer-Generated copy of original.
(Copia del Original-Generado por Computadora)
☐ Digital Image/Photocopy of original.
(Imagen Digital/Fotocopia del Original)

Name of Applicant *(Nombre de Aplicante)*	Relationship to person on record (Proof is required if certified copy requested.) *[Relación al individuo (Prueba es requerida para copia certificada.)]*	Reasons for Request: *(Motivo de solicitud)*
Current Mailing Address ***(Must Match address on ID)*** *[Dirección Postal (Debe coincidir con identificación)]*		☐ Passport *(Pasaporte)* ☐ Driver's License *(Licensia de Conducir)* ☐ School/Sports *(Escuela/Deportes)* ☐ Veterans' Benefits *(Beneficios veteranos)* ☐ Social Security Card *(Tarjeta Seguro Social)* ☐ Social Security Disability *(SSI / Incapacidad)* ☐ Other SS Benefits *(Otros beneficios de seguro social)* ☐ Medicare *(Medicare)* ☐ Welfare *(Asistencia Pública)* ☐ Other *(Otro)* _____
City *(Ciudad)* / State *(Estado)* / Zip Code *(Codigo Postal)*	Daytime Telephone Number *(Número Telefónico)*	
Applicant's Signature *(Firma del Aplicante)*	Date of Application *(Fecha)*	

☐ **BIRTH** ***(NACIMIENTO)***	Full Name of Child at Time of Birth *(Nombre Completo al Nacer)*		No. Requested Copies *(No. de Copias)*
	Place of Birth (City, Town) *[Lugar de Nacimiento (Ciudad, Pueblo)]*	County *(Condado)*	Exact Date of Birth *(Fecha de Nacimiento)*
	Full Name of Child's Parent A *(List name given at birth or on birth certificate/**Maiden name**)* *[Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento o de soltera)]*		
	Full Name of Child's Parent B (if on record) *(List name given at birth or on birth certificate/**Maiden name**)* *[Nombre completo de Padre/Madre B (si el registro) (Inscrito en el acta de nacimiento o de soltera)]*		
	If the Child's Name was Changed, Indicate New Name and How it was Changed: *(Si el nombre del niño fue cambiado, indique el nuevo nombre y como fue cambiado):*		
☐ **MARRIAGE** ***(MATRIMONIO)*** ☐ **CIVIL UNION** ***(UNIÓN CIVIL)*** ☐ **DOMESTIC PARTNERSHIP** ***(SOCIEDAD DOMÉSTICA)***	Full Name of Spouse/Partner A *(List name given at birth or on birth certificate/ **Maiden name**)* *[Nombre de Pareja A (Inscrito en el acta de nacimiento o de soltera)]*		No. Requested Copies *(No. de Copias)*
	Full Name of Spouse/Partner B *(List name given at birth or on birth certificate/ **Maiden name**)* *[Nombre de Pareja B (Inscrito en el acta de nacimiento o de soltera)]*		Exact Date of Event *(Fecha Exacta del Evento)*
	Place of Event (City, Town) *[Lugar del Evento (Ciudad, Pueblo)]*		County *(Condado)*
☐ **DEATH** ***(DEFUNCIÓN)***	Name of Deceased Individual *(Nombre del Fallecido)*		
	Exact Date of Death *(Fecha Exacta del Evento)*		No. Requested Copies *(No. de Copias)*
	Place of Event (City/Town) *[Lugar del Evento (Ciudad, Pueblo)]*		County *(Condado)*
	Full Name of Deceased Individual's Parent A *(List name given at birth or on birth certificate/**Maiden name**)* *[(Nombre completo de Padre/Madre A) (Inscrito en el acta de nacimiento o de soltera)]*	Full Name of Deceased Individual's Parent B *(List name given at birth or on birth certificate/**Maiden name**)* *[(Nombre completo de Padre/Madre B) (Inscrito en el acta de nacimiento o de soltera)]*	

Application Check List: Have you enclosed and completed all required information?
(Lista Comprobada: ¿A Usted Incluido y Completado Toda la Información Requerida en la Aplicación?)

☐ All Items on Application *(Todo Articulos en la Aplicación)* ☐ Payment *(Pago)* ☐ Acceptable Forms of ID *(Identificación Aceptable)* ☐ Proof of Relationship *(Prueba de Parentesco)* ☐ Mailing Address Matches ID *(Dirección Postal Coincidente con ID)*

FOR STATE USE ONLY			
Payment Type: ☐ Cash ☐ M/O ☐ Check ☐ Waived	Payment Amount: $	ID Viewed:	Processed By

REG-27
DEC 16

New Jersey Department of Health
Vital Statistics and Registry

APPLICATION PROCESS FOR OBTAINING A COPY OF A *NON-GENEALOGICAL* VITAL RECORD

- **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.

  To get an Apostille Seal, first obtain a certified copy of the vital record from the State Office of Vital Statistics and Registry by checking the Apostille Seal box on the application. You will receive a certified copy of the vital record issued by the State Office of Vital Statistics and Registry. **You must 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[1], payment of the fee[2] and, if requesting a certified copy, proof that establishes you are:

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

To request a certified copy of a Certificate of Birth Resulting in Stillbirth, use form **REG-68**, which is available on the department's website at: http://nj.gov/health/vital/registration-vital/stillbirth/.

The State Office of Vital Statistics and Registry accepts walk-in applications at the location shown below. Office hours are 8:30 AM through 4:00 PM, Monday – Friday, excluding State holidays. There is up to a two-hour processing time and you must submit your application by 3:30 PM to obtain your certified copy the same day.

Amendments to vital record and registrations of adoptions or legitimations are not processed at the walk-in counter. These requests, along with supporting documentation and fees[3], must be sent to the attention of the Record Modification Unit at the application mailing address below.

Mailing Address:	**Walk-In Service Only:**
New Jersey Department of Health **Vital Statistics and Registry** **PO Box 370** **Trenton, NJ 08625-0370**	**Office of Vital Statistics and Registry** **140 East Front Street** **Trenton, NJ 08608**

[1] 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/tax return for current or previous year.

[2] The fee for the search and resulting record is $25; additional copies of the same record ordered at the same time are $2 each. Additional years searched for No Record of Marriage are $1 per year. **Make check or money order payable to "Treasurer, State of NJ." DO NOT MAIL CASH!!!**

[3] The fee for processing an adoption or legal name change is $2; include an additional $25 fee if you want to obtain a certified copy of the record after processing.