

**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. The Bureau of Vital Statistics and Registration has records beginning January 1901.
- **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 Bureau of Vital Statistics and Registration by checking the Apostille Seal box on the application. You will receive a certified copy of the vital record with the original signature of the State Registrar or Assistant State Registrar. **You must forward this document to the New Jersey Department of Treasury, which issues the Apostille Seal.**
(www.state.nj.us/treasury/revenue/dcr/programs/apostilles.htm)

Applications for a certification or certified copy of a **Non-Genealogical** record **require** the applicant to provide a completed application, valid proof of identity¹, payment of the fee² 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
- Pursuant to a court order.
- A bank, title or insurance company requesting a copy of a death certificate for official business.

Applications filed in person will require the applicant to provide the original of the above documents, whereas applications filed by mail will require the applicant to provide copies of the documents.

NOTE: ALL items are required, except Social Security Number which is only required for Bank, Title, and Insurance Companies requesting copies of death certificates.

DO NOT USE this form 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: www.state.nj.us/health/vital/vital.shtml. Follow the instructions carefully.

The State Bureau of Vital Statistics and Registration 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 fees³, must be sent to the attention of the Record Modification Unit at the application mailing address below.

Mailing Address:

New Jersey Dept of Health and Senior Services
Vital Statistics and Registration
PO Box 370
Trenton, NJ 08625-0370

Walk-In Service Only:

Bureau of Vital Statistics and Registration
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 "State Treasurer."** **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.

BOROUGH OF SPRING LAKE HEIGHTS

555 Brighton Avenue
Spring Lake Heights, N.J. 07762

APPLICATION FOR A NON-GENEALOGICAL CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD APLICACIÓN PARA COPIAS CERTIFICADAS Ó CERTIFICACIONES DE REGISTROS CIVILES NO-ANCESTRO

| | | | |
|--|--|--|--|
| <input type="checkbox"/> I would like a Certified Copy . (Quiero una copia certificada.) | | If available, I prefer the format of the certified copy to be: (Prefiero:) | |
| <input type="checkbox"/> I will be forwarding the Certified Copy for an Apostille Seal . (Enviaré esta copia certificada para ser Apostillada.) | | <input type="checkbox"/> Computer Generated copy of original. (Copia del Original-Generado por Computadora) | |
| <input type="checkbox"/> I would like a Certification . (Quiero una certificación.) | | <input type="checkbox"/> Digital Image/Photocopy of original. (Imagen Digital/Fotocopia del Original) | |
| Name of Applicant (Nombre de Apicante) | | Relationship to person on record (Proof is required if certified copy requested.) [Relación al individuo (Prueba es requerida para copia certificada.)] | |
| Current Mailing Address (Must Match address on ID) [Dirección Postal (Debe coincidir con identificación)] | | Reasons for Request: (Motivo de solicitud) | |
| City (Ciudad) State (Estado) Zip Code (Codigo Postal) | | <input type="checkbox"/> Passport (Pasaporte) <input type="checkbox"/> Driver's License (Licencia de Conducir) <input type="checkbox"/> School/Sports (Escuela/Deportes) <input type="checkbox"/> Veterans' Benefits (Beneficios veteranos) <input type="checkbox"/> Social Security Card (Tarjeta Seguro Social) <input type="checkbox"/> Social Security Disability (SSI / Incapacidad) <input type="checkbox"/> Other SS Benefits (Otros beneficios de seguro social) <input type="checkbox"/> Medicare (Medicare) <input type="checkbox"/> Welfare (Asistencia Pública) <input type="checkbox"/> Other (Otro) | |
| Daytime Telephone Number (Número Telefónico) | | Date of Application (Fecha) | |
| Applicant's Signature (Firma del Apicante) | | (Empty space for signature) | |

| | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> 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) | |
| | Child's Mother's Full Maiden Name (Nombre completo de soltera de la Madre) | | Child's Father's Name (if on record) [Nombre del Padre (si esta registrado)] | |
| | 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): | | | |
| <input type="checkbox"/> MARRIAGE (MATRIMONIO) <input type="checkbox"/> CIVIL UNION (UNIÓN CIVIL) <input type="checkbox"/> DOMESTIC PARTNERSHIP (SOCIEDAD DOMÉSTICA) | Name of Husband/ Partner (Nombre de Esposo/Pareja) | | No. Requested Copies (No. de Copias) | |
| | Maiden Name of Wife/ Partner (Nombre Soltera de Esposa/Pareja) | | Exact Date of Event (Fecha Exacta del Evento) | |
| | Place of Event (City, Town) [Lugar del Evento (Ciudad, Pueblo)] | | County (Condado) | |
| <input type="checkbox"/> DEATH (DEFUNCIÓN) | Name of Deceased (Nombre del Fallecido) | | Social Security Number (See Note) [Numero de Seguro Social (Ver Indice)] | |
| | Exact Date of Death (Fecha Exacta del Evento) | | Place of Event (City/Town) [Lugar del Evento (Ciudad, pueblo)] | |
| | Maiden Name of Deceased Individual's Mother (Nombre Soltera de la Madre) | | Name of Deceased Individual's Father (Nombre del Padre) | |

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 Artículos 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: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived | | Payment Amount: \$ | ID Viewed: |
| | | Processed By | |