

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

New Jersey Department of Health  
Vital Statistics and Registry  
P.O. Box 370 - Trenton, NJ 08625-0370

Click here to complete an application online, or visit: <http://www.nj.gov/health/vital/>

<input type="checkbox"/> Certified Copy <input type="checkbox"/> Certified Copy for an Apostille Seal <input type="checkbox"/> Certification		<b>Requestor's Relationship to Person on Record</b> <i>(proof is required for certified copy)</i>	<b>Requestor's Signature</b>  _____
Name of Requestor First _____ Middle _____ Last _____		<b>Reasons for Request</b> <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> School / Sports <input type="checkbox"/> Veterans' Benefits <input type="checkbox"/> Social Security Card / Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare / Disability <input type="checkbox"/> Other: _____	
<b>Current Mailing Address</b> <i>(must match address on ID)</i> Street _____ City _____ State _____ Zip Code _____			
Email Address _____ @ _____ . _____		Daytime Phone Number (____) _____ - _____	
Date (of request) / /			

<input type="checkbox"/> <b>BIRTH</b>			
Child's Name at Birth First _____ Middle _____ Last _____			
No. Requested Copies _____	<b>Place of Birth</b> City _____ State _____	County _____	Date of Birth / /
<b>Name of Child's Parents</b> <i>(name given at birth or on birth certificate / Maiden Name)</i> Parent A First _____ Middle _____ Last _____ Parent B First _____ Middle _____ Last _____			
<b>If Child's name was changed:</b> New Name _____ Describe Change: _____			

<input checked="" type="checkbox"/> <b>MARRIAGE</b>		<input type="checkbox"/> <b>CIVIL UNION</b>		<input type="checkbox"/> <b>DOMESTIC PARTNERSHIP</b>	
No. Requested Copies _____	<b>Place of Event</b> City _____ State _____	County _____	Date of Event / /		
<b>Name of Spouses</b> <i>(name given at birth or on birth certificate / Maiden Name)</i> Spouse A First _____ Middle _____ Last _____ Spouse B First _____ Middle _____ Last _____					

<input type="checkbox"/> <b>DEATH</b>					
Name of Decedent First _____ Middle _____ Last _____					
No. Requested Copies _____	<b>Place of Death</b> City _____ State _____	County _____	Date of Death / /		
<b>Name of Decedent's Parents</b> <i>(name given at birth or on birth certificate / Maiden Name)</i> Parent A First _____ Middle _____ Last _____ Parent B First _____ Middle _____ Last _____					

**Have you enclosed and completed all required information?**

- Completed Application       Proof of Relationship  
 Payment                       Acceptable Forms of ID  
 Mailing Address Matches ID

FOR STATE USE ONLY			
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Amount: \$ _____	<input type="checkbox"/> ID Viewed	Processed By: _____

**INSTRUCTIONS FOR OBTAINING  
A COPY OF NON-GENEALOGICAL VITAL RECORDS**

New Jersey Department of Health  
Vital Statistics and Registry  
P.O. Box 370 - Trenton, NJ 08625-0370

- **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<sup>1</sup>, payment of the fee<sup>2</sup> 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<sup>3</sup>, must be sent to the attention of the Record Modification Unit at the application mailing address below.

**Mailing Address:**

New Jersey Department of Health  
Vital Statistics and Registry  
PO Box 370  
Trenton, NJ 08625-0370

**Walk-In Service Only:**

Office of Vital Statistics and Registry  
140 East Front Street  
Trenton, NJ 08608

<sup>1</sup> 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.

<sup>2</sup> 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!!!**

<sup>3</sup> 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.