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

State File Number

AMENDMENT TO NJ VITAL RECORD OF: ◯ BIRTH ◯ FETAL DEATH ◯ REMARRIAGE ◯ REAFFIRMATION OF CIVIL UNION ◯ DEATH ◯ MARRIAGE ◯ CIVIL UNION ◯ DOMESTIC PARTNERSHIP

PENALTY FOR FALSE STATEMENT - FIVE HUNDRED DOLLARS ($500.00)
TYPE OR WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

SECTION 1

INFORMATION AS IT APPEARS ON THE CURRENT RECORD:

Name (or Names, in the case of Marriage, Remarriage, Civil Union, Reaffirmation of Civil Union or Domestic Partnership)

/ / *(Date of Event)* | *(County of Event)* | *(City/Municipality of Event)*

SECTION 2

Field to be Amended	Item as Currently Recorded on Record	Item as it Should Appear

SECTION 3

3A. Signature	Printed Name	Date
Address		Relationship to Individual on Vital Record
3B. Signature of Witness *(see Instructions)*	Printed Name	Date
Address		Relationship to Individual on Vital Record

3C. AFFIDAVIT SECTION

Subscribed and sworn to before me at _____

this _____ day of _____ , 20 _____ .

Signature	Official Title

SECTION 4

Documentation presented to establish the validity of the amended information reported in Section 2:

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

Secondary Item(s) Approval Date:	Parents Given Option to Change Child's Last Name? ◯ Yes ◯ No ◯ N/A

REG-34
MAR 17

SEALS MUST BE AFFIXED ABOVE THE DOTTED LINE!

DO NOT WRITE IN THIS SHADED AREA!