APPLICATION FOR A <u>NON-GENEALOGICAL</u> 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/

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Certified Copy		-	estor's Relationship to on on Record	Requestor's Signature	
Certified Copy for an Apostille Seal		(prooj	f is required for certified copy)		
Certification				Date (of request)	/ /
Name of Requestor				Reasons for Request	
First Middle				☐ Passport ☐ Driver's License	
Last				School / Sports	
Current Mailing Address (must match address on ID)				Veterans' Benefits Social Security Card / Benefits	
Street				Medicare	·
City State			Zip Code	☐ Welfare / Disability ☐ Other:	
Email Address			Daytime Phone Number	_	
	@	•	-		
BIRTH					
Child's Name at Birth	First Middle			Last	
No. Requested Copies	Place of Birth			County	Date of Birth
	City		State		/ /
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:					
If Child's name was cha	nged:				
If Child's name was cha	nged:	Desc	ribe Change:		
	nged:	Desc	_	DOMESTIC PAR	RTNERSHIP
New Name MARRIAGE			_		
New Name	Place of Event		_	DOMESTIC PAR	RTNERSHIP Date of Event / /
New Name MARRIAGE	Place of Event	CIVIL U	JNION State		
MARRIAGE No. Requested Copies	Place of Event	CIVIL U	State daiden Name)		
MARRIAGE No. Requested Copies Name of Spouses (name of	Place of Event	CIVIL L	State Maiden Name)	County	
New Name MARRIAGE No. Requested Copies Name of Spouses (name of Spouse A First Spouse B First	Place of Event	CIVIL L tificate / M Middle	State Maiden Name)	County	
MARRIAGE No. Requested Copies Name of Spouses (name of Spouse A First Spouse B First DEATH	Place of Event	CIVIL L tificate / M Middle	State Maiden Name)	County	
New Name MARRIAGE No. Requested Copies Name of Spouses (name of Spouse A First Spouse B First	Place of Event	CIVIL L tificate / M Middle	State Maiden Name)	County	
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New Name MARRIAGE No. Requested Copies Name of Spouses (name of Spouse A First Spouse B First DEATH Name of Decedent	Place of Event City given at birth or on birth cer	CIVIL L tificate / M Middle	JNION State Taiden Name)	Last Last Last	Date of Event / /
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MARRIAGE No. Requested Copies Name of Spouses (name of Spouse A First Spouse B First DEATH Name of Decedent No. Requested Copies Name of Decedent's Parent A First Parent B First	Place of Event City given at birth or on birth cer First Place of Death City rents (name given at birth	tificate / M Middle Middle or on birth	JNION State daiden Name) Middle State a certificate / Maiden Name)	Last Last County Last Last Last Last Last	Date of Event / / Date of Death / / /
MARRIAGE No. Requested Copies Name of Spouses (name of Spouse A First Spouse B First DEATH Name of Decedent No. Requested Copies Name of Decedent's Pa Parent A First Parent B First Have you enclosed an	Place of Event City given at birth or on birth cer First Place of Death City rents (name given at birth	tificate / M Middle Middle or on birth	State Middle State certificate / Maiden Name) Completed Application	Last Last County Last Last Last Last Last Last Last Last Last Last Last Last Last Last Last	Date of Event / / Date of Death / /
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FOR STATE USE ONLY

Payment Type:
Cash M/O Check Waived Amount:
ID Viewed Processed By: