

**New Jersey Department of Health and Senior Services
Vital Statistics and Registration**

APPLICATION FOR A CERTIFICATION OR A CERTIFIED COPY OF A VITAL RECORD

A Certification of a vital record event is issued to those individuals with a distant or no relationship to the individual(s) listed on the vital record. It is issued for informational purposes only and cannot be used for legal or identification purposes.

A Certified Copy of a vital record is issued to those individuals who have a direct link to the individual(s) named on the vital record event, provided that the requestor is able to identify the vital record. A Certified Copy will contain the raised Great Seal of the State of New Jersey and can be used for legal or identification purposes.

PLEASE PRINT OR TYPE. ALL ITEMS ARE REQUIRED UNLESS NOTED OTHERWISE.* PROOF OF IDENTIFY IS REQUIRED. MAKE CHECK OR MONEY ORDER PAYABLE TO "STATE REGISTRAR." DO NOT MAIL CASH.

Name of Applicant		Relationship to Person Named On Requested Record)	Why is record being requested? <input type="checkbox"/> Passport <input type="checkbox"/> Driver License <input type="checkbox"/> School/Sports <input type="checkbox"/> Social Security Card <input type="checkbox"/> Soc. Sec. Disability <input type="checkbox"/> Other Soc. Sec. Benefits <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Genealogy <input type="checkbox"/> Other (Specify):	
Street Address				
City	State	Zip Code		Telephone Number
Signature of Applicant		Date of Application		
B I R T H	Full Name of Child at Time of Birth		No. of Copies Requested	
	Place of Birth (City, Town or Township)		County	
	Exact Date of Birth	Name of Hospital (Optional)		
	Mother's Full Maiden Name		Father's Name (if recorded on the record)	
	If Child's Name Was Changed, Indicate New Name and How It Was Changed			
M A R R I A G E	Name of Husband		No. of Copies Requested	
	Maiden Name of Wife		Exact Date of Marriage	
	Place of Marriage (City, Town or Township)		County	
D E A T H	Name of Deceased			
	Exact Date of Death		No. of Copies Requested	
	Place of Death (City, Town or Township)		County	
	Mother's Full Maiden Name		Father's Name (if recorded on the record)	

* Births occurring over 80 years ago, marriages occurring over 50 years ago and deaths occurring over 40 years ago are considered genealogical and therefore you need only provide the name of the individual recorded on the vital record, the county where the event occurred and the year the event occurred. Multiple years may be searched at a fee of \$1.00 per additional year searched.

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: