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/

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

☐ BIRTH

Child's Name at Birth	*First* *Middle* *Last*		
No. Requested Copies	**Place of Birth** *City* *State*	**County**	**Date of Birth** / /

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:

New Name *Describe Change:*

☐ MARRIAGE ☐ CIVIL UNION ☐ DOMESTIC PARTNERSHIP

No. Requested Copies	**Place of Event** *City* *State*	**County**	**Date of Event** / /

Name of Spouses *(name given at birth or on birth certificate / Maiden Name)*

Spouse A *First* *Middle* *Last*

Spouse B *First* *Middle* *Last*

☐ DEATH

Name of Decedent	*First* *Middle* *Last*		
No. Requested Copies	**Place of Death** *City* *State*	**County**	**Date of Death** / /

Name of Decedent's Parents *(name given at birth or on birth certificate / Maiden Name)*

Parent A *First* *Middle* *Last*

Parent B *First* *Middle* *Last*

Have you enclosed and completed all required information?

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

REG-27a
SEP 17

FOR STATE USE ONLY			
Payment Type: ☐Cash ☐M/O ☐Check ☐Waived	**Amount:** $	☐**ID Viewed**	**Processed By:**