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

Current Mailing Address *(must match address on ID)*

Street

City *State* *Zip Code*

Email Address @ .

Daytime Phone Number ( ) -

Reasons for Request

- ☐ Passport
- ☐ Driver's License
- ☐ School / Sports
- ☐ Veterans' Benefits
- ☐ Social Security Card / Benefits
- ☐ Medicare
- ☐ Welfare / Disability
- ☐ Other: _____

☐ 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?
Do not send original documents. Copies only

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

REG-27a
APR 19
J1023

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