## APPLICATION FOR A <u>NON-GENEALOGICAL</u> CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD

Certified Copy		Requestor's Relationship to Person on Record	Requestor's S	Requestor's Signature	
Certified Copy for an Apostille Seal		(proof is required for certified cop	y)		
Certification			Date (of request,	) / /	
Name of Requestor			Reasons for R	equest	
First	Middle		Passport		
Last			Driver's		
Current Mailing Address (must match address on ID)  Use terrans' Benefits					
Street			curity Card / Benefits		
City	Stat	e Zip Code	☐ Medicare ☐ Welfare	e / Disability	
Email Address		Daytime Phone Number	Other:	•	
	@ .	( ) -			
		,			
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 Parent	ts (name given at birth or on l	oirth certificate / Maiden Name)			
Parent A First		Middle	Last		
Parent B First		Middle	Last		
If Child's name was changed:					
	0				
New Name		Describe Change			
		Describe Change  CIVIL UNION	DOMESTIC	PARTNERSHIP	
New Name	Place of Event		DOMESTIC I	PARTNERSHIP  Date of Event	
New Name  MARRIAGE				1	
MARRIAGE No. Requested Copies	Place of Event	CIVIL UNION  State		Date of Event	
MARRIAGE No. Requested Copies	Place of Event City	CIVIL UNION  State		Date of Event	
MARRIAGE No. Requested Copies Name of Spouses (name)	Place of Event City	CIVIL UNION  State  ificate / Maiden Name)	County	Date of Event	
New Name  MARRIAGE  No. Requested Copies  Name of Spouses (name Spouse A First  Spouse B First	Place of Event City	CIVIL UNION  State  ificate / Maiden Name)  Middle	County	Date of Event	
MARRIAGE No. Requested Copies  Name of Spouses (name Spouse A First	Place of Event City	CIVIL UNION  State  ificate / Maiden Name)  Middle	County	Date of Event	
New Name  MARRIAGE  No. Requested Copies  Name of Spouses (name Spouse A First  Spouse B First	Place of Event City	CIVIL UNION  State  ificate / Maiden Name)  Middle	County	Date of Event	
New Name  MARRIAGE  No. Requested Copies  Name of Spouses (name Spouse A First  Spouse B First  DEATH	Place of Event City given at birth or on birth cert	State  ificate / Maiden Name)  Middle  Middle	Last Last	Date of Event	
MARRIAGE  No. Requested Copies  Name of Spouses (name Spouse A First  Spouse B First  DEATH  Name of Decedent  No. Requested Copies	Place of Event City  given at birth or on birth cert  First  Place of Death City	CIVIL UNION  State  ificate / Maiden Name)  Middle  Middle  Middle	Last Last Last	Date of Event / /	
MARRIAGE  No. Requested Copies  Name of Spouses (name Spouse A First  Spouse B First  DEATH  Name of Decedent  No. Requested Copies	Place of Event City  given at birth or on birth cert  First  Place of Death City	State ificate / Maiden Name) Middle Middle Middle	Last Last Last	Date of Event / / Date of Death	
MARRIAGE  No. Requested Copies  Name of Spouses (name Spouse A First  Spouse B First  DEATH  Name of Decedent  No. Requested Copies	Place of Event City  given at birth or on birth cert  First  Place of Death City	CIVIL UNION  State  ificate / Maiden Name)  Middle  Middle  Middle	Last Last Last	Date of Event / / Date of Death	
MARRIAGE  No. Requested Copies  Name of Spouses (name Spouse A First Spouse B First  DEATH  Name of Decedent  No. Requested Copies  Name of Decedent's Page 1	Place of Event City  given at birth or on birth cert  First  Place of Death City	State  ificate / Maiden Name)  Middle  Middle  Middle  State  or on birth certificate / Maiden Name)	Last Last County  County	Date of Event / / Date of Death	
MARRIAGE  No. Requested Copies  Name of Spouses (name 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 cert  First  Place of Death City  arents (name given at birth of	State  ificate / Maiden Name)  Middle  Middle  Middle  State  or on birth certificate / Maiden Name)  Middle  Middle  Middle	Last Last County  Last Last Last Last	Date of Event / / Date of Death / /	
MARRIAGE  No. Requested Copies  Name of Spouses (name Spouse A First  Spouse B First  DEATH  Name of Decedent  No. Requested Copies  Name of Decedent's Parent A First  Parent B First  Have you enclosed ar	Place of Event City  given at birth or on birth cert  First  Place of Death City  arents (name given at birth of the completed all	State  ificate / Maiden Name)  Middle  Middle  Middle  State  or on birth certificate / Maiden Name)  Middle  Middle  Completed Application	Last Last County  Last Last  Last  Last  County  Last  Last  Last  Last  Last  Last  Last  Last	Date of Event / /  Date of Death / /  of Relationship	
MARRIAGE  No. Requested Copies  Name of Spouses (name Spouse A First  Spouse B First  DEATH  Name of Decedent  No. Requested Copies  Name of Decedent's Parent A First  Parent B First  Have you enclosed ar	Place of Event City  given at birth or on birth cert  First  Place of Death City  arents (name given at birth of the completed all	State  ificate / Maiden Name)  Middle  Middle  Middle  State  or on birth certificate / Maiden Name)  Middle  Middle  Middle	Last Last County  Last Last  Last  County  Accep	Date of Event / /  Date of Death / /  of Relationship table Forms of ID	
MARRIAGE  No. Requested Copies  Name of Spouses (name Spouse A First Spouse B First  DEATH  Name of Decedent  No. Requested Copies  Name of Decedent's Parent A First	Place of Event City  given at birth or on birth cert  First  Place of Death City  arents (name given at birth of the completed all	State  ificate / Maiden Name)  Middle  Middle  Middle  State  or on birth certificate / Maiden Name)  Middle  Middle  Completed Application	Last Last County  Last Last  Last  County  Accep	Date of Event / /  Date of Death / /  of Relationship	

REG-37a SEP 17 Payment Type: Cash M/O Check Waived Amount: \$ D Viewed Processed By:

## INSTRUCTIONS FOR OBTAINING A COPY OF <u>NON-GENEALOGICAL</u> VITAL RECORDS

- **Non-Genealogical Records** are births occurring within the last 80 years or if the individual is still living, marriages occurring within the last 50 years, deaths occurring within the last 40 years and all civil union and domestic partnership records.
- **Certified Copies** have the raised seal of the office issuing the record and are always issued on State of New Jersey safety paper. Certified copies may be used to establish identity and are legal documents.
- **Certifications** are issued on plain paper with no seal and clearly indicate they are not valid for establishing identity or for legal purposes. Certifications are generally useful for genealogy. Certifications of death records do not contain the Social Security Number or the Cause of Death medical terminology.
- Apostille Seal An Apostille Seal is an additional seal required for certain certified records that will be presented to a foreign
  government that is a member of the Hague Treaty. The seal is often required on documents for international adoptions or
  establishing dual citizenship. Contact the consulate of the country involved to determine if you need an Apostille Seal.

An Apostille Seal can only be obtained by first requesting certified copy of the vital record from the State Office of Vital Statistics and Registry. You would then forward this document to the New Jersey Department of Treasury, which issues the Apostille Seal. Additional information is available at: <a href="http://www.state.nj.us/treasury/revenue/apostilles.shtml">http://www.state.nj.us/treasury/revenue/apostilles.shtml</a>.

**Applications** for a certification or certified copy of a **Non-Genealogical** record **require** the applicant to provide a completed application, valid proof of identity<sup>1</sup>, payment of the fee and, if requesting a certified copy, proof that establishes you are:

- o the subject of the record;
- o the subject's parent, legal guardian or legal representative;
- o the subject's spouse/civil union partner, domestic partner, child, grandchild or sibling, if of legal age;
- o a state or federal agency for official purposes; or
- requesting pursuant to a court order.

To request a certified copy of a <u>Certificate of Birth Resulting in Stillbirth</u>, use form REG-68, which is available on the New Jersey Department of Health website at: <a href="http://nj.gov/health/vital/registration-vital/stillbirth/">http://nj.gov/health/vital/registration-vital/stillbirth/</a>.

Location Address:	Hours of Operation:
Borough of Brooklawn Vital Statistics and Registry 301 Christiana St. Brooklawn, NJ 08030	08:30 AM - 05:00 PM Monday - Friday
Mailing Address:	Fees:
Borough of Brooklawn Vital Statistics and Registry 301 Christiana St. Brooklawn, NJ 08030	Service         \$XX.XX         Service         \$XX.XX           Service         \$XX.XX         Service         \$XX.XX           Service         \$XX.XX         Service         \$XX.XX           Service         \$XX.XX         Service         \$XX.XX

## Click to Lock & Save Form w/ LHD Info

Valid photo driver's license or photo non-driver's license with current address OR valid driver's license without photo and an alternate form of ID with current address OR two (2) alternate forms of ID, one of which must show the current address. Alternate forms of ID are: vehicle registration, vehicle insurance card, voter registration, US/foreign passport, permanent resident card (green card), Immigrant Visa, Federal/State ID, county ID, school ID, utility bill (within the previous 90 days), bank statement (within previous 90 days) or W-2 for current or previous year. Requests for records to be mailed to an address other than that which appears on the requestor's ID must be accompanied by a notarized letter which includes A) the alternate address, and B) a written request to mail records to this alternate address.