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

		Requestor's R	Relationship to	Reques	stor's Signa	ture		
Certified Copy		Person on Record (proof is						
Certified Copy for a	n Apostille Seal	required for cert	tified copy)					
☐ Certification				Date o	f Request	/ /		
Name of Requestor Reasons for Request								
First Middle						Genealogy		
Last						Dual Citizenship		
Current Mailing Address (must match address on ID)								
Street Other:								
City State Zip Code								
Email Address			Daytime Phone	Number				
	@	•	()	-				
BIRTH (OVER 80 YEARS AGO)								
Child's Name at Birth	First	/	Las	st				
No. Requested Copies	Place of Birth (opt	ional)			County	Date of Birth / Years (to search)		
	City		State					
Name of Child's Parents (name given at birth or on birth certificate / Maiden Name) (optional)								
Parent A First	Middle			Last				
Parent B First	arent B First Middle Last							
If Child's name was changed:								
New Name	<u> </u>	Describe Change						
MARRIAGE (OVER 50 YEARS AGO)								
No. Requested Copies	Place of Event (op	tional)			County	Event Date / Years (to search)		
	City		State					
Name of Spouses (name given at birth or on birth certificate / Maiden Name)								
Spouse A First	Middle			Last				
Spouse B First		Middle			Last			
DEATH (OVER 40 YEARS AGO)								
Name of Decedent								
No. Requested Copies	Place of Death (optional)				County Date of Death / Years (to search)			
- 1,2 	City	/	State			, 1200		
Name of Decedent's Parents (name given at birth or on birth certificate / Maiden Name) (optional)								
Parent A First		Middle			Last			
Parent B First		Middle			Last			
		·······································			Last			
Have you enclosed and completed all Completed Application Proof of Relationship								
		Payment Acceptable Forms of ID						
equired information	?		☐ Payment			Acceptable Forms of ID		
equired information	2		Payment			Acceptable Forms of ID Mailing Address Matches ID		

FOR STATE USE ONLY

☐ ID Viewed Processed By:

Payment Type: ☐ Cash ☐ M/O ☐ Check ☐ Waived Amount: \$

REG-38a MAY 18

INSTRUCTIONS FOR APPLICATION OBTAINING COPY OF GENEALOGICAL VITAL RECORDS

- **Genealogical Records** are birth occurring more than 80 years ago (unless the individual is still living), marriages occurring more than 50 years ago and deaths occurring more than 40 years ago.
- **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.

To get an Apostille Seal, first obtain a certified copy of the vital record from the State Office of Vital Statistics and Registry by checking the Apostille Seal box on the application. You will receive a certified copy of the vital record issued by the State Office of Vital Statistics and Registry. You must forward this document to the New Jersey Department of Treasury, which issues the Apostille Seal. Additional information is available at:

(http://www.state.nj.us/treasury/revenue/apostilles.shtml)

Applications for a certification or certified copy of a **Genealogical** record **require** the applicant to provide a completed application, valid proof of identity¹, payment of the fee² and if requesting a certified copy, proof that establishes you are:

- 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
- o requesting pursuant to a court order.

All genealogy applications must be filed by mail and require the applicant to provide copies of the above documents.

NOTE: ALL items not marked as optional are required.

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 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 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 state (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.