

**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/>

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

<input type="checkbox"/> 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 <i>(name given at birth or on birth certificate / Maiden Name)</i> Parent A First _____ Middle _____ Last _____ Parent B First _____ Middle _____ Last _____			
If Child's name was changed: New Name _____ Describe Change: _____			

<input type="checkbox"/> MARRIAGE		<input type="checkbox"/> CIVIL UNION		<input type="checkbox"/> DOMESTIC PARTNERSHIP	
No. Requested Copies	Place of Event City _____ State _____	County	Date of Event / /		
Name of Spouses <i>(name given at birth or on birth certificate / Maiden Name)</i> Spouse A First _____ Middle _____ Last _____ Spouse B First _____ Middle _____ Last _____					

<input type="checkbox"/> DEATH			
Name of Decedent First _____ Middle _____ Last _____			
No. Requested Copies	Place of Death City _____ State _____	County	Date of Death / /
Name of Decedent's Parents <i>(name given at birth or on birth certificate / Maiden Name)</i> 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

- | | |
|--|---|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Proof of Relationship |
| <input type="checkbox"/> Payment | <input type="checkbox"/> Acceptable Forms of ID |
| | <input type="checkbox"/> Mailing Address Matches ID |

REG-27a
APR 19
J1023

FOR STATE USE ONLY			
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Amount: \$ _____	<input type="checkbox"/> ID Viewed	Processed By: _____