

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
		Date (of request) / /
Name of Requestor First Middle Last Last		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: _____
Current Mailing Address <i>(must match address on ID)</i> Street City State Zip Code		
Email Address @ .	Daytime Phone Number () -	

<input type="checkbox"/> 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 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	County	Date of Event
	City State		/ /
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	County	Date of Death	
	City State		/ /	
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?

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

REG-27a
SEP 17

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: