APPLICATION FOR A <u>NON-GENEALOGICAL</u> 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		Requestor's Relationship to Person on Record	Requestor's Signatur	re
	n Apostnie Seai	(proof is required for certified copy)		
Certification			Date (of request)	/ /
Name of Requestor			Reasons for Request	
First Middle			Passport Driver's License	
Last			School / Sports	
Current Mailing Address (must match address on ID)			Veterans' Benefits	
Street			Social Security Card / Benefits Medicare	
City State Zip Code			Welfare / Disability	
Email Address Daytime Phone Number		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		1 1
Name of Child's Parents	S (name given at birth or on b	irth certificate / Maiden Name)		
Parent A First		Middle	Last	
Parent B First		Middle	Last	
If Child's name was changed:				
	iibea.			
New Name		Describe Change:		
		Describe Change: CIVIL UNION	DOMESTIC PA	RTNERSHIP
New Name			DOMESTIC PA	RTNERSHIP Date of Event
MARRIAGE No. Requested Copies	Place of Event	CIVIL UNION State		
MARRIAGE No. Requested Copies Name of Spouses (name of	Place of Event	CIVIL UNION State icate / Maiden Name)	County	Date of Event
MARRIAGE No. Requested Copies Name of Spouses (name of Spouse A First	Place of Event	CIVIL UNION State		Date of Event
MARRIAGE No. Requested Copies Name of Spouses (name of	Place of Event	CIVIL UNION State icate / Maiden Name)	County	Date of Event
MARRIAGE No. Requested Copies Name of Spouses (name of Spouse A First	Place of Event	CIVIL UNION State icate / Maiden Name) Middle	County	Date of Event
MARRIAGE No. Requested Copies Name of Spouses (name of Spouse A First Spouse B First	Place of Event	CIVIL UNION State icate / Maiden Name) Middle	County	Date of Event
MARRIAGE No. Requested Copies Name of Spouses (name of Spouse A First Spouse B First DEATH	Place of Event City given at birth or on birth certif	State Grate / Maiden Name) Middle Middle	County Last Last	Date of Event
MARRIAGE No. Requested Copies Name of Spouses (name of Spouse A First Spouse B First DEATH Name of Decedent	Place of Event City given at birth or on birth certif	State Grate / Maiden Name) Middle Middle	Last Last Last	Date of Event / /
MARRIAGE No. Requested Copies Name of Spouses (name of Spouse A First Spouse B First DEATH Name of Decedent No. Requested Copies	Place of Event City given at birth or on birth certif First Place of Death City	CIVIL UNION State iicate / Maiden Name) Middle Middle Middle	Last Last Last	Date of Event / / Date of Death
MARRIAGE No. Requested Copies Name of Spouses (name of Spouse A First Spouse B First DEATH Name of Decedent No. Requested Copies	Place of Event City given at birth or on birth certif First Place of Death City	CIVIL UNION State iicate / Maiden Name) Middle Middle Middle State	Last Last Last	Date of Event / / Date of Death
MARRIAGE No. Requested Copies Name of Spouses (name of Spouse A First Spouse B First DEATH Name of Decedent No. Requested Copies Name of Decedent's Paragraphy (1984)	Place of Event City given at birth or on birth certif First Place of Death City	CIVIL UNION State icate / Maiden Name) Middle Middle Middle State on birth certificate / Maiden Name)	Last Last County County	Date of Event / / Date of Death
MARRIAGE No. Requested Copies Name of Spouses (name of 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 certif First Place of Death City rents (name given at birth or	CIVIL UNION State iicate / Maiden Name) Middle Middle Middle State on birth certificate / Maiden Name) Middle	Last Last County Last Last Last Last Acceptable	Date of Event / / Date of Death / / /

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