

**New Jersey Department of Health and Senior Services  
Vital Statistics and Registration**

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

A **Certification** of a vital record event is issued to those individuals with a distant or no relationship to the individual(s) listed on the vital record. It is issued for informational purposes only and cannot be used for legal or identification purposes.

A **Certified Copy** of a vital record event is issued to those individuals who have a direct link to the individual(s) named on the vital record event, as identified in Governor McGreevey's Executive Order 18, and provided that the requestor is able to identify the vital record and can provide proof of his identity and relationship. A Certified Copy will contain the raised Great Seal of the State of New Jersey and can be used for legal or identification purposes.

**PLEASE TYPE OR PRINT CLEARLY! ALL ITEMS ARE REQUIRED UNLESS NOTED OTHERWISE.\* PROOF OF IDENTITY IS REQUIRED. MAKE CHECK OR MONEY ORDER PAYABLE TO EDGEWATER BOARD OF HEALTH. \$10.00**

|                        |       |  |   |   |
|------------------------|-------|--|---|---|
| Name of Applicant      |       | Relationship to Person Named on Requested Record<br>(Proof may be required.) | Why is record being requested?  |   |
| Street Address         |       |  | <input type="checkbox"/> Passport   | <input type="checkbox"/> Driver License |
| City                   | State | Zip Code   | <input type="checkbox"/> School/Sports<br><input type="checkbox"/> Social Security Card<br><input type="checkbox"/> Soc. Sec. Disability<br><input type="checkbox"/> Other Soc. Sec. Benefits<br><input type="checkbox"/> Veterans Benefits<br><input type="checkbox"/> Medicare<br><input type="checkbox"/> Welfare<br><input type="checkbox"/> Genealogy<br><input type="checkbox"/> Other: _____ |   |
| Telephone Number       |       | Date of Application  |   |   |
| Signature of Applicant |       |  |   |   |

  

|                                |   |                             |   |
|--------------------------------|---|-----------------------------|---|
| <input type="checkbox"/> BIRTH | Full Name of Child at Time of Birth                                   |                             | No. of Copies Requested                   |
|                                | Place of Birth (City, Town or Township)                               |                             | County                                    |
|                                | Exact Date of Birth   | Name of Hospital (Optional) |   |
|                                | Mother's Full Maiden Name   |                             | Father's Name (if recorded on the record) |
|                                | If Child's Name Was Changed, Indicate New Name and How It Was Changed |                             |   |

**DO NOT** use this form to request a Certified Copy of a Certificate of Birth Resulting in Stillbirth. Use form REG-68 which is available on the Department's website at: [www.state.nj.us/health/vital/vital.shtml](http://www.state.nj.us/health/vital/vital.shtml). Follow the instructions carefully.

|                                      |  |  |                         |
|--------------------------------------|--|--|-------------------------|
| <input type="checkbox"/> MARRIAGE    | Name of Husband/Civil Union Partner                    |  | No. of Copies Requested |
|                                      | Maiden Name of Wife/Civil Union Partner                |  | Exact Date of Ceremony  |
| <input type="checkbox"/> CIVIL UNION | Place of Marriage/Civil Union (City, Town or Township) |  | County                  |

  

|  |  |  |                         |
|--|--|--|-------------------------|
| <input type="checkbox"/> DOMESTIC PARTNER-SHIP | Name of Partner  |  | No. of Copies Requested |
|  | Name of Partner  |  | Exact Date Registered   |
|  | Place Where Domestic Partnership Registered (City, Town or Township) |  | County                  |

  

|                                |                           |   |   |
|--------------------------------|---------------------------|---|---|
| <input type="checkbox"/> DEATH | Name of Deceased          |   | No. of Copies Requested                   |
|                                | Exact Date of Death       | Place of Death (City, Town or Township) | County                                    |
|                                | Mother's Full Maiden Name |   | Father's Name (if recorded on the record) |

\* Births occurring over 80 years ago, marriages occurring over 50 years ago and deaths occurring over 40 years ago are considered genealogical and therefore exact information is not required. You may provide only the name of the individual recorded on the vital record, the county where the event occurred and the year the event occurred. Multiple years may be searched at a fee of \$1.00 per additional year searched.

**FOR STATE USE ONLY**

|   |                              |            |               |
|---|------------------------------|------------|---------------|
| Payment Type:<br><input type="checkbox"/> Cash <input type="checkbox"/> M/O<br><input type="checkbox"/> Check <input type="checkbox"/> Waived | Payment Amount:<br><b>\$</b> | ID Viewed: | Processed By: |
|---|------------------------------|------------|---------------|