

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

<input checked="" type="checkbox"/> <b>Certified Copy</b> <input type="checkbox"/> <b>Certified Copy for an Apostille Seal</b> <input type="checkbox"/> <b>Certification</b>	<b>Requestor's Relationship to Person on Record</b> <i>(proof is required for certified copy)</i>	Requestor's Signature
		Date (of request) / /
<b>Name of Requestor</b> First Middle Last Last		<b>Reasons for Request</b> <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: _____
<b>Current Mailing Address</b> <i>(must match address on ID)</i> Street City State Zip Code		
<b>Email Address</b> @ .	<b>Daytime Phone Number</b> ( ) -	

<input type="checkbox"/> <b>BIRTH</b>			
<b>Child's Name at Birth</b>	First Middle Last		
<b>No. Requested Copies</b>	<b>Place of Birth</b> City State	<b>County</b>	<b>Date of Birth</b> / /
<b>Name of Child's Parents</b> <i>(name given at birth or on birth certificate / Maiden Name)</i> Parent A First Middle Last Parent B First Middle Last			
<b>If Child's name was changed:</b> New Name Describe Change			

<input type="checkbox"/> <b>MARRIAGE</b>		<input type="checkbox"/> <b>CIVIL UNION</b>		<input type="checkbox"/> <b>DOMESTIC PARTNERSHIP</b>	
<b>No. Requested Copies</b>	<b>Place of Event</b> City State	<b>County</b>	<b>Date of Event</b> / /		
<b>Name of Spouses</b> <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"/> <b>DEATH</b>					
<b>Name of Decedent</b>	First Middle Last				
<b>No. Requested Copies</b>	<b>Place of Death</b> City State	<b>County</b>	<b>Date of Death</b> / /		
<b>Name of Decedent's Parents</b> <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

<b>FOR STATE USE ONLY</b>			
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:

**INSTRUCTIONS FOR OBTAINING  
 A COPY OF NON-GENEALOGICAL VITAL RECORDS**

- **Non-Generalogical Records** are births occurring within the last 80 years or if the individual is still living, marriages occurring within the last 50 years, deaths occurring within the last 40 years and all civil union and domestic partnership records.
- **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.

An Apostille Seal can only be obtained by first requesting certified copy of the vital record from the State Office of Vital Statistics and Registry. **You would then 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 Non-Generalogical record **require** the applicant to provide a completed application, valid proof of identity<sup>1</sup>, payment of the fee and, if requesting a certified copy, proof that establishes you are:

- the subject of the record;
- the subject’s parent, legal guardian or legal representative;
- the subject’s spouse/civil union partner, domestic partner, child, grandchild or sibling, if of legal age;
- a state or federal agency for official purposes; or
- requesting pursuant to a court order.

To request a certified copy of a Certificate of Birth Resulting in Stillbirth, use form REG-68, which is available on the New Jersey Department of Health website at: <http://nj.gov/health/vital/registration-vital/stillbirth/>.

<p><b>Location Address:</b></p> <p style="text-align: center;">City of Somers Point          1 W. New Jersey Ave          Somers Point, NJ 08244          609-927-9088 x122</p>	<p><b>Hours of Operation:</b></p> <p style="text-align: center;">9:00 AM - 12:00 PM          Monday-Wednesday-Friday</p>																
<p><b>Mailing Address:</b></p> <p style="text-align: center;">City of Somers Point          1 W. New Jersey Ave          Somers Point, NJ 08244          609-927-9088 x122</p>	<p><b>Fees:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Birth certificate</td> <td style="width: 33%;">\$20.00</td> <td style="width: 33%;">Death Certificate</td> <td style="width: 33%;">\$20.00</td> </tr> <tr> <td>Additional copies of the same birth certificate purchased at the same time</td> <td>\$10.00</td> <td>Marriage Certificate</td> <td>\$20.00</td> </tr> <tr> <td></td> <td></td> <td>Civil Union Certificate</td> <td>\$20.00</td> </tr> <tr> <td></td> <td></td> <td>Dom. Partner Cert.</td> <td>\$20.00</td> </tr> </table>	Birth certificate	\$20.00	Death Certificate	\$20.00	Additional copies of the same birth certificate purchased at the same time	\$10.00	Marriage Certificate	\$20.00			Civil Union Certificate	\$20.00			Dom. Partner Cert.	\$20.00
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		Dom. Partner Cert.	\$20.00														

<sup>1</sup> 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 (2) 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 statement (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.

New Jersey Department of Health  
Office of Vital Statistics and Registry  
El Departamento de Salud de New Jersey  
Registros Civiles y Estadísticas Vitales

**AUTHORIZATION FOR RELEASE OF CAUSE OF DEATH**  
**AUTORIZACIÓN PARA LA EMISIÓN DE CAUSA DE MUERTE**

I / (Yo), \_\_\_\_\_, \_\_\_\_\_,  
(Name of Person Authorizing Release) (Relationship to Decedent)  
(Nombre de la Persona Autorizando la Emisión) (Relación al Fallecido)

hereby authorize the issuance of a (select one):  Certified Copy -OR-  Certification  
por la presente autorizo la emisión de (seleccione una): Copia Certificada -O- Certificación

of the death record of \_\_\_\_\_  
(del registro de muerte de) (Name of Decedent) / (Nombre del Fallecido)

disclosing the cause of death section to \_\_\_\_\_  
(proveyendo la sección de causa de muerte a) (Name of Person Receiving Certified Copy or Certification  
Containing the Cause of Death)  
(Nombre de la persona que recibirá la Copia Certificada ó la  
Certificación que contiene la Causa de Muerte)

I certify that the above information, supplied by me, is true. I am aware that I am subject to punishment if I have falsely supplied the above information.  
(Yo certifico que la información, proveída por mí, es verdadera. Estoy consiente que puedo ser castigado si la información proveída en la parte de arriba es falsa.)

\_\_\_\_\_  
(Signature of Person Authorizing Release)  
(Firma de la Persona Autorizando la Emisión)

\_\_\_\_\_  
(Date) / (Fecha)

\_\_\_\_\_  
(Signature of Notary Public) / (Firma de Notary Public)

(Seal of Notary Public)

**INSTRUCTIONS**

Regulations adopted in the New Jersey Register (8:2A-2.1 et seq.) on November 7, 2005 require that death certificates showing the medical cause of death may be issued only to individuals related to the decedent as follows, when the person produces documentation verifying that he/she is:

(Regulaciones adoptadas por el Registro del estado de New Jersey (8:2A-2.1 et seq.) el 7 de Noviembre de 2005 requiere que los certificados de defunción que proveen la causa medica de muerte se emitan unicamente a los individuos con relación cercana al fallecido de la siguiente manera, cuando esta persona provee documentación verificando que el/ella es uno de los siguientes:)

1. the parent of the subject of the death record / (Padre/Madre del sujeto en el registro de muerte);
2. the subject's legal guardian or legal representative / (guardian legal ó representante legal del sujeto);
3. the subject's spouse, civil union partner, or domestic partner / (conyuge, conyuge civil, ó pareja doméstica del sujeto);
4. the subject's child, grandchild or sibling, if of legal age / (hijo(a), nieto(a) ó hermano(a) del sujeto si de edad legal);
5. a State or Federal agency requesting the record for official purposes / (agencia Estatal ó Federal solicitando el registro con propósitos oficiales);
6. a person requesting the record pursuant to a court order; or / (persona solicitando el registro en conforme a una orden judicial; ó)
7. a person requesting the record under emergent circumstances, as determined on a case-by-case basis by the Commissioner. / (persona solicitando el registro por circunstancias inesperadas, cual se determinará caso por caso por el Comisionado.)