

**City of Somers Point  
Office of Vital Statistics  
1 West New Jersey Ave.  
Somers Point, NJ, 08244 609-927-9088 x122**

**APPLICATION FOR A NON-GENEALOGICAL CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD  
APLICACIÓN PARA COPIAS CERTIFICADAS Ó CERTIFICACIONES DE REGISTROS CIVILES NO-ANCESTRO**

<input checked="" type="checkbox"/> I would like a <b>Certified Copy</b> . (Quiero una copia certificada.) <input type="checkbox"/> I would like a <b>Certification</b> . (Quiero una certificación.)		Preferred format (if available): (Prefiero:) <input type="checkbox"/> Computer-generated copy of original. (Copia del Original-Generado por Computadora) <input type="checkbox"/> Digital Image/Photocopy of original. (Imagen Digital/Fotocopia del Original)			
Documents in need of an <b>Apostille Seal</b> must be obtained from the State. (Registros que necesitan un Sello de Apostille, deben ser obtenidos por la Oficina Estatal.)					
Name of Applicant (Nombre de Apicante)		Relationship to person on record (Proof is required if certified copy requested.) [Relación al individuo (Prueba es requerida para copia certificada.)]			
Current Mailing Address (Must Match address on ID) [Dirección Postal (Debe coincidir con identificación)]		Reasons for Request: (Motivo de solicitud) <input type="checkbox"/> Passport (Pasaporte) <input type="checkbox"/> Driver's License (Licencia de Conducir) <input type="checkbox"/> School/Sports (Escuela/Deportes) <input type="checkbox"/> Veterans' Benefits (Beneficios veteranos) <input type="checkbox"/> Social Security Card (Tarjeta Seguro Social) <input type="checkbox"/> Social Security Disability (SSI / Incapacidad) <input type="checkbox"/> Other SS Benefits (Otros beneficios de seguro social) <input type="checkbox"/> Medicare (Medicare) <input type="checkbox"/> Welfare (Asistencia Pública) <input type="checkbox"/> Other (Otro) _____			
City (Ciudad)	State (Estado)			Zip Code (Codigo Postal)	Daytime Telephone Number (Número Telefónico)
Applicant's Signature (Firma del Apicante)				Date of Application (Fecha)	

<input type="checkbox"/> <b>BIRTH (NACIMIENTO)</b>	Full Name of Child at Time of Birth (Nombre Completo al Nacer)		No. Requested Copies (No. de Copias)
	Place of Birth (City, Town) [Lugar de Nacimiento (Ciudad, Pueblo)]	County (Condado)	Exact Date of Birth (Fecha de Nacimiento)
	Full Name of Child's Parent A (List name given at birth or on birth certificate/Maiden name) [Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento o de soltera)]		
	Full Name of Child's Parent B (if on record) (List name given at birth or on birth certificate/Maiden name) [Nombre completo de Padre/Madre B (si el registro) (Inscrito en el acta de nacimiento o de soltera)]		
	If the Child's Name was Changed, Indicate New Name and How it was Changed: (Si el nombre del niño fue cambiado, indique el nuevo nombre y como fue cambiado):		
<input type="checkbox"/> <b>MARRIAGE (MATRIMONIO)</b> <input type="checkbox"/> <b>CIVIL UNION (UNIÓN CIVIL)</b> <input type="checkbox"/> <b>DOMESTIC PARTNERSHIP (SOCIEDAD DOMÉSTICA)</b>	Full Name of Spouse A/Partner A (List name given at birth or on birth certificate/Maiden name) [Nombre completo de Pareja A (Inscrito en el acta de nacimiento o de soltera)]		No. Requested Copies (No. de Copias)
	Full Name of Spouse B/Partner B (List name given at birth or on birth certificate/Maiden name) [Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento o de soltera)]		Exact Date of Event (Fecha Exacta del Evento)
	Place of Event (City, Town) [Lugar del Evento (Ciudad, Pueblo)]		County (Condado)
<input type="checkbox"/> <b>DEATH (DEFUNCIÓN)</b>	Name of Deceased Individual (Nombre del Fallecido)		
	Exact Date of Death (Fecha Exacta del Evento)		No. Requested Copies (No. de Copias)
	Place of Event (City/Town) [Lugar del Evento (Ciudad, Pueblo)]		County (Condado)
	Full Name of Deceased Individual's Parent A (List name given at birth or on birth certificate/Maiden name) [Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento o de soltera)]		Full Name of Deceased Individual's Parent B (List name given at birth or on birth certificate/Maiden name) [Nombre completo de Padre/Madre B (Inscrito en el acta de nacimiento o de soltera)]

**Application Checklist: Have you enclosed and completed all required information?**

*(Lista Comprobada: ¿A Usted Incluido y Completado Toda la Información Requerida en la Aplicación?)*

- All Items on Application (Todo Artículos en la Aplicación)   
  Payment (Pago)   
  Acceptable Forms of ID (Identificación Aceptable)   
  Proof of Relationship (Prueba de Parentesco)   
  Mailing Address Matches ID (Dirección Postal Coincidente con ID)

**FOR OFFICIAL USE ONLY**

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Payment Amount: \$	ID Viewed:	Processed By
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**ADDITIONAL INFORMATION**

A Certified Copy of a vital record is issued to those individuals who have a direct link to the individual(s) named on the vital record event, provided that the requestor is able to identify the vital record. A Certified Copy will contain the raised seal and can be used for legal or identification purposes. Regulations allow only the following individuals to obtain a Certified Copy of a record:

Subject, Subject's parent, Legal guardian, Legal representative, Subject's spouse, Subject's Child, Subject's Grandchild, Subject's sibling, or Commissioner. Grandparents are not permitted to obtain their grandchildren's records without a *notarized* letter from one of the parents specifically giving permission to the grandparent to obtain the record and supplying a copy of required ID of the parent & grandparent.

**ID Required**

Photo ID showing current address, or Photo ID without address and one other form of ID showing current address (No P.O. Box addresses accepted for applications by mail), or

Two alternate forms of ID showing current address. Alternate ID would include Non-photo Drivers License, Vehicle Registration, Vehicle Insurance Card, Voter Registration Card, Passport, Green Card, Immigrant Visa, County ID, School ID, Utility Bill (s) within the previous 90 days, bank statement, W-2 or Tax Return for current or previous year. Certificate will be sent to the address on the ID.

\* If you carry a married name and wish to obtain your birth certificate, you must bring Marriage Certificate to show name change, from maiden to current.\*

\*\* Some circumstances may require additional identification\*\*

**Fees**

Birth /Certified Copy - \$20.00 each -Additional copies of same birth record \$10.00 each  
 Death /Certified Copy - \$10.00 each      Marriage/Certified Copy - \$20.00 each  
 Domestic Partnership/Certified Copy - \$20.00 each      Civil Union/Certified Copy - \$20.00 each

**Applications by Mail**

Complete application on reverse; include a photocopy of ID, fee payable to City of Somers Point (no personal checks if out of state) and self-addressed, stamped envelope. Mail to: City Clerk's Office, 1 W. New Jersey Avenue, Somers Point, NJ 08244.

**Applications in Person**

Birth Certificates only issued on **MONDAY, WEDNESDAY & FRIDAY** from 9:00 a.m. to 12:00 noon. Complete application on reverse, and bring required ID & Fee.

Other records can be picked up Monday through Friday, 1:00 p.m. through 5:00 p.m. Complete application on reverse, and bring required ID & Fee.

**\*\*CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION ON DEATH RECORD**

NJSA26: 5C-12 provides that the following individuals may consent to the disclosure of confidential information (Cause of death) on a death certificate:

1. An executor or administrator of the estate, or Authorized representative of the deceased person.
2. Deceased person's spouse or Deceased person's primary care taking partner.
3. If neither in 2 above, another member of the deceased person's family.
4. Funeral Director.

To: Registrar of Vital Statistics, Somers Point, New Jersey

This is to certify that I am the \_\_\_\_\_ of \_\_\_\_\_ who died in Somers Point, New Jersey on \_\_\_\_\_. I am qualified to give consent for disclosure to the death record as provided by NJSA26: 5C-12 and hereby request the Registrar of Vital Statistics to issue said death certificate showing the confidential information.

Signature

Address