City of Somers Point
1 West New Jersey Avenue
Somers Point, NJ 08244
P (609) 927-9088
F (609) 926-3016

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

APLICACIÓN PARA COPIAS CERTIFICADAS Ó CERTIFICACIONES DE REGISTROS CIVILES NO-ANCESTRO

☐ I would like a *Certified Copy.*
(Quiero una copia certificada.)

Name of Applicant *(Nombre de Aplicante)*	Relationship to person on record (Proof is required if certified copy requested.) *[Relación al individuo (Prueba es requerida para copia certificada.)]*	Reasons for Request: *(Motivo de solicitud)* ☐ Passport *(Pasaporte)* ☐ Driver's License *(Licensia de Conducir)* ☐ School/Sports *(Escuela/Deportes)* ☐ Veterans' Benefits *(Beneficios veteranos)* ☐ Social Security Card *(Tarjeta Seguro Social)* ☐ Social Security Disability *(SSI / Incapacidad)* ☐ Other SS Benefits *(Otros beneficios de seguro social)* ☐ Medicare *(Medicare)* ☐ Welfare *(Asistencia Pública)* ☐ Other *(Otro)* _____
Current Mailing Address *(Must Match address on ID)* *[Dirección Postal (Debe coeIncedir con identificación)]*		
City *(Ciudad)* / State *(Estado)* / Zip Code *(Codigo Postal)*	Daytime Telephone Number *(Número Telefónico)*	
Applicant's Signature *(Firma del Aplicante)*	Date of Application *(Fecha)*	

☐ BIRTH *(NACIMIENTO)*	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 *(Nombre completo de Padre/Madre A)*	Full Name of Child's Parent B (if on record) *(Nombre completo de Padre/Madre B) (si el registro)*	
	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):*		
☐ MARRIAGE *(MATRIMONIO)* ☐ CIVIL UNION *(UNIÓN CIVIL)* ☐ DOMESTIC PARTNERSHIP *(SOCIEDAD DOMÉSTICA)*	Full Name of Spouse A/Partner A *(List name given at birth or on birth certificate)* *[Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento)]*		No. Requested Copies *(No. de Copias)*
	Full Name of Spouse B/Partner B *(List name given at birth or on birth certificate)* *[Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento)]*		Exact Date of Event *(Fecha Exacta del Evento)*
	Place of Event (City, Town) *[Lugar del Evento (Ciudad, Pueblo)]*		County *(Condado)*
☐ DEATH *(DEFUNCIÓN)*	Name of Deceased Individual *(Nombre del Fallecido)*		No. Requested Copies *(No. de Copias)*
	Exact Date of Death *(Fecha Exacta ded Evento)*		
	Place of Event (City/Town) *[Lugar del Evento (Ciudad, Pueblo)]*		County *(Condado)*
	Full Name of Deceased Individual's Parent A *(Nombre completo de Padre/Madre A)*	Full Name of Deceased Individual's Parent B *(Nombre completo de Padre/Madre B)*	

Application Check List: 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 Articulos en la Aplicación)* ☐ Payment *(Pago)* ☐ Acceptable Forms of ID *(Identificación Aceptable)* ☐ Proof of Relationship *(Prueba de Parentesco)* ☐ Mailing Address Matches ID *(Dirección Posfal Coincidente con ID)*

FOR STATE USE ONLY			
Payment Type: ☐ Cash ☐ M/O ☐ Check ☐ Waived	Payment Amount: $	ID Viewed:	Processed By

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, 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, a current lease agreement. 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 your 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
(Relationship to deceased) (Name of deceased)
Jersey on _____. I am qualified to give consent for disclosure to the death record as provided by NJSA26: 5C-12 and hereby
(Date/Death)
request the Registrar of Vital Statistics to issue said death certificate showing the confidential information.

_____ _____