## APPLICATION FOR A <u>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 (proof is required for certified copy) |                                | Requestor's Signature |                                   |  |
|--|---------------------------|---|--------------------------------|-----------------------|-----------------------------------|--|
| ☐ Certification  | •                         |   |                                | Date (of request      | ) / /                             |  |
| Name of Requestor  |                           |   |                                | Reaso                 | ns for Request:                   |  |
| First Middle   |                           |   |                                | Genealogy             |                                   |  |
| Last   |                           |   |                                |                       | Dual Citizenship                  |  |
| Current Mailing Address (must match address on ID)   |                           |   |                                |                       |                                   |  |
| Street   |                           |   |                                |                       | Other:                            |  |
| City State Zip Code  |                           |   |                                |                       |                                   |  |
| Email Address  |                           | Daytime Phone Number  |                                | er                    |                                   |  |
|  | @                         | •   | ( ) -                          |                       |                                   |  |
| BIRTH (OVER 80 YEARS AGO)  |                           |   |                                |                       |                                   |  |
| Child's Name at Birth  | ame at Birth First Middle |   |                                |                       | Last                              |  |
| No. Requested Copies Place of Birth (opt   |                           | tional)   |                                | County                | Date of Birth / Years (to search) |  |
|  | City                      | State   |                                |                       |                                   |  |
| Name of Child's Parents (name given at birth or on birth certificate / Maiden Name) (optional)   |                           |   |                                |                       |                                   |  |
| Parent A First   | Middle                    |   |                                | Last                  |                                   |  |
| Parent B First Middle Last   |                           |   |                                |                       |                                   |  |
| If Child's name was changed:   |                           |   |                                |                       |                                   |  |
| New Name Describe Change:  |                           |   |                                |                       |                                   |  |
| MARRIAGE (OVER 50 YEARS AGO)   |                           |   |                                |                       |                                   |  |
| No. Requested Copies   Place of Event (op  |                           | ptional)  |                                | County                | Event Date / Years (to search)    |  |
|  | City                      | Sta   | te                             |                       |                                   |  |
| Name of Spouses (name given at birth or on birth certificate / Maiden Name)  |                           |   |                                |                       |                                   |  |
| Spouse A First   | Middle                    |   |                                | Last                  |                                   |  |
| Spouse B First   | Middle                    |   |                                | Last                  | Last                              |  |
| DEATH (OVER 40 YEARS AGO)  |                           |   |                                |                       |                                   |  |
| Name of Decedent   | First                     | Mi  | iddle                          | Last                  |                                   |  |
| No. Requested Copies Place of Death (c   |                           | optional)   |                                | County                | Date of Death / Years (to search) |  |
|  | City                      | Sta   |                                |                       |                                   |  |
| Name of Decedent's Pa  | irents (name given a      | t birth or on birth ce  | ertificate / Maiden Name) (opt | ional)                |                                   |  |
| Parent A First   | Middle                    |   | Last                           |                       |                                   |  |
| Parent B First   |                           | Middle  |                                | Last                  |                                   |  |
| Have you enclosed and completed all required information?  Completed Application Proof of Relationship Acceptable Forms of ID Mailing Address Matches ID |                           |   |                                |                       |                                   |  |

REG-28a MAY 18 FOR STATE USE ONLY

Payment Type: 
Cash MO Check Waived Amount: 
ID Viewed Processed By:

## INSTRUCTIONS FOR APPLICATION OBTAINING COPY OF <u>GENEALOGICAL</u> VITAL RECORDS

New Jersey Department of Health Vital Statistics and Registry P.O. Box 370 - Trenton, NJ 08625-0370

- **Genealogical Records** are birth occurring more than 80 years ago (unless the individual is still living), marriages occurring more than 50 years ago and deaths occurring more than 40 years ago.
- **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.

To get an Apostille Seal, first obtain a certified copy of the vital record from the State Office of Vital Statistics and Registry by checking the Apostille Seal box on the application. You will receive a certified copy of the vital record issued by the State Office of Vital Statistics and Registry. You must 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 **Genealogical** record **require** the applicant to provide a completed application, valid proof of identity<sup>1</sup>, payment of the fee<sup>2</sup> and if requesting a certified copy, proof that establishes you are:

- o 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;
- o a state or federal agency for official purposes, or
- o requesting pursuant to a court order.

All genealogy applications must be filed by mail and require the applicant to provide copies of the above documents.

NOTE: ALL items not marked as optional are required.

**Mailing Address:** 

New Jersey Department of Health Office of Vital Statistics and Registry PO Box 370 Trenton, NJ 08625-0370 Original vital records for New Jersey from May 1848 to 1916 are available from:

New Jersey State Archives
PO Box 307
Trenton, NJ 08625-0307

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 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 state (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.

The fee for the search and resulting record is \$25; additional copies of the same record ordered at the same time are \$2 each. Additional years can be searched at a fee of \$1 for each year searched. Make check or money order payable to "Treasurer, State of New Jersey." DO NOT MAIL CASH!