

**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, provided that the requestor is able to identify the vital record and establish their identity. 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 *Newfield-Boro* DO NOT MAIL CASH.

Name of Applicant		Relationship to Person Named On Requested Record		Why is record being requested? Passport Driver License School/Sports Social Security Card Soc. Sec. Disability Other Soc. Sec. Benefits Veterans Benefits Welfare Genealogh Other: _____	
Street Address					
City		State	Zip Code	Telephone Number	
Signature of Applicant			Date of Application		
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 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. Follow the instructions carefully.

MARRIAGE	Name of Husband		No. of Copies Requested
	Maiden Name of Wife		Exact Date of Marriage
	Place of Marriage (City, Town, Township)		County
DOMESTIC PARTNERSHIP	Name of Partner		No. Copies Requested
	Name of Partner		Exact Date Registered
	Place Where Domestic Partnership Registered (City, Town, Township)		County
DEATH	Name of Deceased		No. Copies Requested
	Exact Date of Death	Place of Death (City, Town, 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 not required. You may provide only the name of the individual recorded on the vital record 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.

REG-3, MAY 04, G9081

FOR STATE USE ONLY			
Payment Type:	Payment Amount	ID Viewed:	Processed By:
Cash DMO Check Waived	\$		