APPLICATION FOR A <u>NON-GENEALOGICAL</u> CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD

☐ 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				D	ate (of request) /	/		
Name of Requestor				R	easons for R	equest			
First Middle					Passport				
Last		Driver's License School / Sports							
Current Mailing Address (must match address on ID)									
Street		Social Se Medicar	curity Card	/ Benefits					
City State Zip Code					Welfare	/ Disability			
Email Address			Daytime Phone Number		Other:				
	@ .		() -				×		
□ BIRTH									
Child's Name at Birth	ild's Name at Birth First Middle				Last				
No. Requested Copies Place of Birth				Coun	ty	Date of Birth			
	City	State				/ /			
Name of Child's Parents (name given at birth or on birth certificate / Maiden Name)									
Parent A First Middle Last									
Parent B First Middle Last									
If Child's name was changed: New Name Describe Change									
			Describe Change						
New Name		ave i			DOMESTIC I	ADTNEDCU	ID.	- (H) (V)	
New Name MARRIAGE		IVIL U	Describe Change		DOMESTIC I			- W	
New Name	<u> </u>	IVIL U		Coun		PARTNERSH Date of Ev	ent	- W T	
MARRIAGE No. Requested Copies	Place of Event		State			Date of Ev	ent	- (E)	
New Name MARRIAGE No. Requested Copies Name of Spouses (name Spouse A First	Place of Event City given at birth or on birth certifica		State			Date of Ev	ent	- ei -	
MARRIAGE No. Requested Copies Name of Spouses (name	Place of Event City given at birth or on birth certifica	ite / Ma	State		ty	Date of Ev	ent	= 0	
MARRIAGE No. Requested Copies Name of Spouses (name Spouse A First	Place of Event City given at birth or on birth certifica	ite / Ma Middle	State		Last Last	Date of Ev	ent	= (0, 10)	
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New Name MARRIAGE No. Requested Copies Name of Spouses (name Spouse A First Spouse B First DEATH Name of Decedent	Place of Event City given at birth or on birth certifica	ite / Ma Middle Middle	State siden Name)	Coun	Last Last	Date of Ev	ent /	= (1) (1)	
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INSTRUCTIONS FOR OBTAINING A COPY OF NON-GENEALOGICAL VITAL RECORDS

- Non-Genealogical 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 <u>Non-Genealogical</u> record require the applicant to provide a completed application, valid proof of identity¹, payment of the fee and, if requesting a certified copy, proof that establishes you are:

- the subject of the record;
- o the subject's parent, legal guardian or legal representative;
- o 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
- o requesting pursuant to a court order.

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

Location Address:	Hours of Operation:			
Township of North Brunswick Vital Statistics and Registry - Clerk's Office 710 Hermann Road, North Brunswick, NJ 08902	08:30 AM - 04:00 PM Monday - Friday (Exept for Holidays)			
Mailing Address:	Fees:			
Township of North Brunswick Vital Statistics and Registry -Clerk's Office 710 Hermann Road, North Brunswick, NJ 08902	Service\$10.00 (Per Copy)			

Click to Lock & Save Form w/ LHD Info

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.