Hillsborough Health Department 379 South Branch Road Hillsborough, NJ 08844 (908) 369-5652

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

Certified Copy Certified Copy for a Certification Name of Requestor	n Apostille Seal	Requestor's Relationship to Person on Record (proof is required for certified copy		/ /			
First Last	Middle		Passport				
Current Mailing Address (must match address an ID) Userans' Benefits							
Street			Medicare	-			
City	State	Zip Cade	Welfare	/ Disability			
Email Address	@	Daytime Phone Number					
BIRTH							
Child's Name at Birth	First	Middle	Last				
No. Requested Copies	Place of Birth	State	County	Date of Birth / /			
Name of Child's Parent	s (name given at birth or on birt)			1 1			
Parent A First Middle Last							
Parent B First Middle Last							
	inged:		If Child's name was changed:				
New Name Describe Change							
New Name	+1	Describe Change					
		Describe Change		PARTNERSHIP			
	Place of Event	CIVIL UNION		Date of Event			
MARRIAGE No. Requested Copies	Place of Event City	CIVIL UNION State	=	And the second se			
MARRIAGE No. Requested Copies	Place of Event	CIVIL UNION State	=	Date of Event			
MARRIAGE No. Requested Copies Name of Spouses (name	Place of Event City	CIVIL UNION State ate / Maiden Name)	County	Date of Event			
MARRIAGE No. Requested Copies Name of Spouses (name Spouse A First	Place of Event City	CIVIL UNION State ate / Maiden Name) Middle	County	Date of Event			
MARRIAGE No. Requested Copies Name of Spouses (name Spouse A First Spouse B First	Place of Event City	CIVIL UNION State ate / Maiden Name) Middle	County	Date of Event			
MARRIAGE No. Requested Copies Name of Spouses (name Spouse A First Spouse B First DEATH DEATH	Place of Event City given at birth or on birth certific	CIVIL UNION State ate / Maiden Name) Middle Middle	County Last Last	Date of Event			
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 certific	CIVIL UNION State ate / Maiden Name) Middle Middle	County Last Last Last	Date of Event / /			
MARRIAGE No. Requested Copies Name of Spouses (name Spouse A First Spouse B First DEATH Name of Decedent No. Requested Copies	Place of Event City given at birth or on birth certific First Place of Death City	CIVIL UNION State ate / Maiden Name) Middle Middle Middle	County Last Last Last	Date of Event / / Date of Death			
MARRIAGE No. Requested Copies Name of Spouses (name Spouse A First Spouse B First DEATH Name of Decedent No. Requested Copies	Place of Event City given at birth or on birth certific First Place of Death City	CIVIL UNION State ate / Maiden Name) Middle Middle Middle State	County Last Last Last	Date of Event / / Date of Death			
MARRIAGE No. Requested Copies Name of Spouses (name Spouse A First Spouse B First DEATH Name of Decedent No. Requested Copies Name of Decedent Name of Decedent's Party	Place of Event City given at birth or on birth certific First Place of Death City	CIVIL UNION State ate / Maiden Name) Middle Middle Middle State on birth certificate / Maiden Name)	County Last Last Last County	Date of Event / / Date of Death			
MARRIAGE No. Requested Copies Name of Spouses (name Spouse A First Spouse B First DEATH Name of Decedent No. Requested Copies Name of Decedent No. Requested Copies Parent A First	Place of Event City given at birth or on birth certific First Place of Death City arents (name given at birth or of ad completed all	CIVIL UNION State ate / Maiden Name) Middle Middle Middle State on birth certificate / Maiden Name) Middle	County Last Last Last Last Last Last Last Last	Date of Event / / Date of Death			

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INSTRUCTIONS FOR OBTAINING A COPY OF <u>NON-GENEALOGICAL</u> 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: <u>http://www.state.nj.us/treasury/revenue/apostilles.shtml</u>.

Applications for a certification or certified copy of a **Non-Genealogical** 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;
- 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
- 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: <u>http://nj.gov/health/vital/registration-vital/stillbirth/</u>.

Location Address:	Hours of Operation:
Hillsborough Health Department 379 South Branch Road Hillsborough, NJ 08844 (908) 369-5652	8:00 AM - 4:00 PM Monday - Friday
Mailing Address:	Fees:
Hillsborough Health Department 379 South Branch Road Hillsborough, NJ 08844 (908) 369-5652	A Certified Copy of a record is \$25 for the first copy and \$2 for each additional copy of the same record at the same time We accept cash (exact amount appreciated) Checks and money orders. NO credit cards accepted

¹ 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.