

**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, and provided that the requestor is able to identify the vital record and can provide proof of his identity and relationship. 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 "STATE TREASURER." DO NOT MAIL CASH.**

Name of Applicant		Relationship to Person Named On Requested Record (Proof may be required.)	Why is record being requested? <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver License <input type="checkbox"/> School/Sports <input type="checkbox"/> Social Security Card <input type="checkbox"/> Soc. Sec. Disability <input type="checkbox"/> Other Soc. Sec. Benefits <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Genealogy <input type="checkbox"/> Other: _____		
Street Address					
City	State	Zip Code	Telephone Number		
Signature of Applicant			Date of Application		
<b>B I R T H</b>	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 form 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](http://www.state.nj.us/health/vital/vital.shtml). Follow the instructions carefully.

<b>M A R R I A G E</b>	Name of Husband			No. of Copies Requested	
	Maiden Name of Wife			Exact Date of Marriage	
	Place of Marriage (City, Town or Township)			County	
<b>P A R T N E R S H I P</b>	Name of Partner			No. of Copies Requested	
	Name of Partner			Exact Date Registered	
	Place Where Domestic Partnership Registered (City, Town or Township)			County	
<b>D E A T H</b>	Name of Deceased			No. of Copies Requested	
	Exact Date of Death		Place of Death (City, Town or 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 is not required. You may provide only the name of the individual recorded 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  
FEB 05

FOR STATE USE ONLY				
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived		Payment Amount: \$	ID Viewed:	Processed By: