

**New Jersey Department of
Health and Senior Services
Vital Statistics and Registration**

**APPLICATION PROCESS
FOR OBTAINING A COPY OF A
GENEALOGICAL VITAL RECORD**

- **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. The Bureau of Vital Statistics and Registration has records beginning January 1901.
- **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 Bureau of Vital Statistics and Registration by checking the Apostille Seal box on the application. You will receive a certified copy of the vital record with the original signature of the State Registrar or Assistant State Registrar. **You must forward this document to the New Jersey Department of Treasury, which issues the Apostille Seal.** (www.state.nj.us/treasury/revenue/dcr/programs/apostilles.htm)

Applications for a certification or certified copy of a **Genealogical** record **require** the applicant to provide a completed application, valid proof of identity¹, payment of the fee² and if requesting a certified copy, proof that establishes you are:

- 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
- Pursuant to a court order.
- A bank, title or insurance company requesting a copy of a death certificate for official business.

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 and Senior Services Vital Statistics and Registration PO Box 370 Trenton, NJ 08625-0370	Original vital records for New Jersey from May 1848 to 1900 are available from: Division of Archives and Records Management, Archives Section PO Box 307 Trenton, NJ 08625-0307
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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 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/tax return for current or previous year.

² 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 "State Treasurer". Do NOT mail CASH!!!**

**New Jersey Department of Health and Senior Services
Vital Statistics and Registration
P.O. BOX 370
Trenton, NJ 08625-0370**

**APPLICATION FOR A GENEALOGICAL CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD
APLICACIÓN POR UNA COPIA CERTIFICADA Ó CERTIFICACIONES DE UN REGISTRO CIVIL ANCESTRO**

<input type="checkbox"/> I would like a Certified Copy . (Quiero una copia certificada.)			If available, I prefer the format of the certified copy to be: (Prefiero:)		
<input type="checkbox"/> I will be forwarding the Certified Copy for an Apostille Seal . (Enviaré esta copia certificada para ser Apostillada.)			<input type="checkbox"/> Computer Generated copy of original. (Copia del Original- Generado por Computadora)		
<input type="checkbox"/> I would like a Certification . (Quiero una certificación.)			<input type="checkbox"/> Digital Image/Photocopy of original. (Imagen Digital/Fotocopia del Original)		
Name of Applicant (Nombre de Apicante)		Relationship to person on record (Proof is required if certified copy requested.) [Relación al individuo (Prueba es requerida para copia certificada.)]		Reasons for Request: (Motivo de solicitud)	
Current Mailing Address (Must Match address on ID) [Dirección Postal (Debe coincidir con identificación)]				<input type="checkbox"/> Genealogy (Ancestral)	
City (Ciudad)	State (Estado)	Zip Code (Codigo Postal)	Daytime Telephone Number (Número Telefónico)		<input type="checkbox"/> Dual Citizenship (Doble Ciudadania)
Applicant's Signature (Firma del Apicante)			Date of Application (Fecha)		<input type="checkbox"/> Estate Matters (Cuestiones de Herencia)
					<input type="checkbox"/> Other (Otro) _____

<input type="checkbox"/> BIRTH (NACIMIENTO) (over 80 years ago) (más de 80 años)	Full Name of Child at Time of Birth (Nombre Completo al Nacer)		No. Requested Copies (No. de Copias)		
	Place of Birth (City, Town) (Optional) [Lugar de Nacimiento (Ciudad, Pueblo)]	County (Condado)	Date of Birth or Year(s) to be searched (Fecha de Nacimiento ó años de búsqueda)		
	Child's Mother's Full Maiden Name (Optional) (Nombre completo de soltera de la Madre)	Child's Father's Name (Optional) (Nombre del Padre)			
	If the Child's Name was Changed, Indicate New Name and How it was Changed: (Si el nombre del niño fue cambiado, indique el nuevo nombre y como fue cambiado):				
<input type="checkbox"/> MARRIAGE (MATRIMONIO) (over 50 years ago) (más de 50 años)	Name of Husband (Nombre de Esposo)		No. Requested Copies (No. de Copias)		
	Maiden Name of Wife (Nombre Soltera de Esposa)		Date of Event or Year(s) to be searched (Fecha del Evento ó años de búsqueda)		
	Place of Event (City, Town) (Optional) [Lugar del Evento (Ciudad, Pueblo)]		County (Condado)		
<input type="checkbox"/> DEATH (DEFUNCIÓN) (over 40 years ago) (más de 40 años)	Name of Deceased (Nombre del Fallecido)		No. Requested Copies (No. de Copias)		
	Place of Event (City/Town) (Optional) [Lugar del Evento (Ciudad, pueblo)]	County (Condado)	Date of Death or Year(s) to be searched (Fecha de muerte ó años de búsqueda)		
	Maiden Name of Deceased Individual's Mother (Optional) (Nombre Soltera de la Madre)		Name of Deceased Individual's Father (Optional) (Nombre del Padre)		

**Application Check List: Have you enclosed and completed all required information?
(Lista Comprobada: ¿A Usted Includido y Completado Toda la Información Requerida en la Aplicación?)**

- All Items on Application (Todo Articulos en la Aplicación)
 Payment (Pago)
 Acceptable Forms of ID (Identificación Aceptable)
 Proof of Relationship (Prueba de Parentesco)
 Mailing Address Matches ID (Dirección Postal Coincidente con ID)

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