Township of Dennis 571 Petersburg Road, P.O. Box 204 Dennisville, NJ 08214 609-861-9700, fax 609-861-9719, fee \$10.00 each

APPLICATION FOR A NON-GENEALOGICAL **CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD**

Certified Copy		Requestor's Relationship to Requestor's Signature Person on Record		Signature	
Certified Copy for a	n Apostille Seal	(proof is required for certified co	ору)		
☐ Certification		The state of the s	Date (of reque	est) / /	
Name of Requestor			Reasons for	Request	
First Middle				Passport Driver's License	
Last				School / Sports	
Current Mailing Addres	SS (must match address on ID)		ns' Benefits	
treet			Medica	Security Card / Benefits are	
City State Zip Code				e / Disability	
Email Address Daytime Phone Number			Other:		
		() -			
BIRTH					
hild's Name at Birth	irst Middle		Last	Last	
lo. Requested Copies	Place of Birth		County	Date of Birth	
	City	State		1 1	
lame of Child's Parent	S (name given at birth or on	birth certificate / Maiden Name)		Lagrange and Lamb and a	
arent A First		Middle	Last		
Parent B First Middle Last					
Child's name was cha	anged:				
lew Name		Describe Change			
MARRIAGE CIVIL UNION		DOMESTI	DOMESTIC PARTNERSHIP		
lo. Requested Copies	Place of Event	State	County	Date of Event / /	
Name of Spouses (name	given at birth or on birth cer	tificate / Maiden Name)	21-21-		
		Middle	Last	Last	
pouse B First		Middle		Last	
DEATH					
lame of Decedent	First	Middle	Last		
No. Requested Copies	Place of Death		County	Date of Death	
	City	State		/ /	
lame of Decedent's Pa	arents (name given at birth	or on birth certificate / Maiden Name)			
Parent A First		Middle	Last		
Parent B First		Middle	Last		
	ad completed all	Completed Applies	tion Dra	of of Relationship	
Have you enclosed and completed all Completed Application Proof of Relationsh required information? Acceptable Forms					
ganea intormation	<u>.</u>	Payment		eptable Forms of ID	
			[IVIai	ling Address Matches ID	
EG-37a		FOR STATE USE ONL			
EP 17 Payment Type	e: Cash M/O Chec	k □ Waived Amount: \$	☐ ID Viewed	Processed By:	

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 **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;
- 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
- 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 Dennis 571 Petersburg Road Dennisville, NJ 08214	8: 30 AM - 4:00 PM Monday - Friday except Holidays			
Mailing Address:	Fees:			
Township of Dennis P.O. Box 204 Dennisville, NJ 08214	\$10.00 each	Certified\$10.00		
and the same of th		at not be used to supplied the first		

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.