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

REG-28a MAY 18 New Jersey Department of Health Vital Statistics and Registry P.O. Box 370 - Trenton, NJ 08625-0370

ID Viewed Processed By:

Click here to complete an application online, or visit: http://www.nj.gov/health/vital/

Payment Type: Cash M/O Check Waived Amount: \$

Cartified Conv		Requestor's Relationship to Person on		Requestor's Signature				
Certified Copy Certified Copy for an Apostille Seal		Record (proof is required for certified copy)						
Certification				Pato (of request)				
Name of Requestor						•		
First Middle					☐ Genealogy ☐ Dual Citizenship			
Last						Estate Matters		
Current Mailing Address (must match address on ID) Other:								
Street						ner.		
City State Zip Code ————————————————————————————————————								
Email Address		Daytime Phone Numb		er				
	@	•	• () -					
BIRTH (OVER 80 YEARS AGO)								
Child's Name at Birth	ild's Name at Birth First Middle				Last			
No. Requested Copies	Place of Birth (or	otional)	onal)			Date of Birth / Years (to search)		
	City	State						
Name of Child's Parents (name given at birth or on birth certificate / Maiden Name) (optional)								
Parent A First Middle Last								
Parent B First Middle Last								
If Child's name was changed:								
New Name Describe Change:								
MARRIAGE (OVER 50 YEARS AGO)								
No. Requested Copies Place of Event (optional)				County		Event Date / Years (to search)		
	City	Sto	ate					
Name of Spouses (name given at birth or on birth certificate / Maiden Name)								
Spouse A First		Middle		Last				
Spouse B First	Middle			Last				
DEATH (OVER 40 YEARS AGO)								
Name of Decedent First		Middle		Last				
No. Requested Copies	Place of Death (optional)		County		Date of Death / Years (to search)		
20 26	City	Sto	ate					
Name of Decedent's Parents (name given at birth or on birth certificate / Maiden Name) (optional)								
Parent A First	Parent A First Middle			Last				
Parent B First		Middle		L	.ast			
Have you enclosed and completed all								

INSTRUCTIONS FOR APPLICATION OBTAINING COPY OF GENEALOGICAL VITAL RECORDS

New Jersey Department of Health Vital Statistics and Registry P.O. Box 370 - Trenton, NJ 08625-0370

- **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.
- **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 Office of Vital Statistics and Registry by checking the Apostille Seal box on the application. You will receive a certified copy of the vital record issued by the State Office of Vital Statistics and Registry. You must 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>Genealogical</u> record <u>require</u> 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:

- 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;
- o a state or federal agency for official purposes, or
- requesting pursuant to a court order.

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.

Margate City Office of Vital Statistics:

Hours of Operation: 9:00am to 3:00pm Monday thru Friday

Office Location & Mailing Address:

City of Margate City Vital Statistics and Registry 9001 Winchester Avenue Margate, NJ 08402 (609)822-2605 Certified Copy...\$10.00 per copy

Original vital records for New Jersey from May 1848 to 1916 are available from:

New Jersey State Archives PO Box 307 Trenton, NJ 08625-0307

- 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 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.
- 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 "Treasurer, State of New Jersey." DO NOT MAIL CASH!