

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

Mannington Township Office of Vital Statistics
491 Route 45
Mannington, NJ 08079
Phone 856-935-2359 ext. 150

<input type="checkbox"/> Certified Copy <input type="checkbox"/> Certified Copy for an Apostille Seal <input type="checkbox"/> Certification		Requestor's Relationship to Person on Record <i>(proof is required for certified copy)</i>	Requestor's Signature _____
Name of Requestor First _____ Middle _____ Last _____		Date (of request) / /	Reasons for Request <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> School / Sports <input type="checkbox"/> Veterans' Benefits <input type="checkbox"/> Social Security Card / Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare / Disability <input type="checkbox"/> Other: _____
Current Mailing Address <i>(must match address on ID)</i> Street _____ City _____ State _____ Zip Code _____			
Email Address _____ @ _____ . _____		Daytime Phone Number () - _____	

<input type="checkbox"/> BIRTH			
Child's Name at Birth First _____ Middle _____ Last _____			
No. Requested Copies	Place of Birth City _____ State _____	County	Date of Birth / /
Name of Child's Parents <i>(name given at birth or on birth certificate / Maiden Name)</i> Parent A First _____ Middle _____ Last _____ Parent B First _____ Middle _____ Last _____			
If Child's name was changed: New Name _____ Describe Change: _____			

<input type="checkbox"/> MARRIAGE		<input type="checkbox"/> CIVIL UNION		<input type="checkbox"/> DOMESTIC PARTNERSHIP	
No. Requested Copies	Place of Event City _____ State _____	County	Date of Event / /		
Name of Spouses <i>(name given at birth or on birth certificate / Maiden Name)</i> Spouse A First _____ Middle _____ Last _____ Spouse B First _____ Middle _____ Last _____					

<input type="checkbox"/> DEATH			
Name of Decedent First _____ Middle _____ Last _____			
No. Requested Copies	Place of Death City _____ State _____	County	Date of Death / /
Name of Decedent's Parents <i>(name given at birth or on birth certificate / Maiden Name)</i> Parent A First _____ Middle _____ Last _____ Parent B First _____ Middle _____ Last _____			

Have you enclosed and completed all required information?

- | | |
|--|---|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Proof of Relationship |
| <input type="checkbox"/> Payment | <input type="checkbox"/> Acceptable Forms of ID |
| | <input type="checkbox"/> Mailing Address Matches ID |

Do not send original documents. Copies only

NO PERSONAL CHECKS

REG-27a
APR 19
J1023

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

Mannington Township Office of Vital Statistics
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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.

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 **Non-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 of the record;
- 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 Certificate of Birth Resulting in Stillbirth, use form **REG-68**, which is available on the department's website at: <http://nj.gov/health/vital/registration-vital/stillbirth/>.

Mailing & Location Address:

Mannington Township Office of Vital Statistics 491 Route 45 Mannington, NJ 08079
Phone 856-935-2359 ext. 150

Hours of Operation: Monday - Thurs. 9am - 11am & 1pm - 3pm Friday 9am - 11am	Fees: Birth - \$25 Marriage - \$25 Death - \$10
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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 (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.

FOR CREDIT CARD OR DEBIT CARD USE

VISA

CARD NUMBER:

MASTERCARD

EXPIRATION DATE:

DISCOVER

THREE DIGIT V NUMBER (on back of card)

NAME AS LISTED ON CARD:

BILLING ADDRESS:

BILLING ZIP CODE:

SIGNATURE:

*A copy of a valid Photo ID with Current Address of cardholder required.
Credit Card Transaction Fee - \$3 each*