City of Plainfield – Office of Vital Statistics

APPLICATION REQUIREMENTS

Valid Identification:

- ☐ Valid photo driver's license or
- ☐ Photo non-driver's license with current address

OR

- ☐ Valid driver's license without and an
- ☐ Alternate form of ID with current address

OR

Two alternate forms of ID, one of which must show the current address

- ☐ Vehicle Registration Card
- ☐ Vehicle Insurance Card
- ☐ Voter Registration Card
- ☐ US/Foreign Passport
- ☐ Immigrant Visa
- ☐ Permanent Resident Card (Green Card)
- ☐ Federal State ID
- ☐ School ID
- ☐ Utility Bill or Bank Statement (within last 90 days)
- ☐ Tax Return / W-2 for current or the previous tax year

If you are requesting a certification, (an informational copy of a vital record not valid for legal purposes) you do not need to provide proof of relationship.

If you are looking for a certified copy, proof of relationship is required 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;
- Pursuant to court order

To establish proof of relationship for…..

<u>Your own birth certificate</u> your valid ID is acceptable; however; if you have assumed your spouse's or civil union partner's surname, provide a copy of your marriage or civil union certificate to link the name on your current ID to the name on your birth certificate.

Your child's birth certificate, if the name on your identification matches the name of the child's parent then your identification will establish your relationship. If your current name does not match the name as recorded on the birth certificate, as the parent you will need to supply a copy of your marriage of civil union certificate or legal name change.

Your spouse's/civil union partner's birth record, provide a copy of your marriage/civil union certificate.

Your parent's or sibling's vital record, provide a copy of **YOUR** birth certificate with parents' names.

Your grandparent's vital record, you must establish that you are the person's grandchild by linking the name on your ID to the name of the grandparent. For example if you changed your last name after marriage/civil union and want a grandparent's vital record, you must:

1. Provide your marriage/civil union the parent's birth certificate to show your name at birth,
2. Provide your birth certificate to identify your parent, and
3. Provide the parent's birth certificate to identify the grandparent.

If you are a looking f or a certified copy of a record and are….

An executor of an estate, you must supply proof of appointment as the executor.

The legal representative of the executor of an estate, you must supply proof of legal retainer by the executor and proof of legal retainer by the eligible individual and their proof of relationship.

If you are not a person qualified to get a certified copy of a record but……

You are helping a person receive a certified copy of a vital record they are eligible to receive……you must show your valid ID and a notarized, written release authorizing you to get the record on that person's valid photo ID.

In need of a vital record and are not the legal representative of an eligible person, you must obtain a court order directing the State Registrar to issue a certified copy of the record. A subpoena is not sufficient to issue a copy of a vital record.

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

APPLICATION FOR A *NON-GENEALOGICAL* CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD
APLICACIÓN PARA COPIAS CERTIFICADAS Ó CERTIFICACIONES DE REGISTROS CIVILES NO-ANCESTRO

☐ I would like a ***Certified Copy***.
(Quiero una copia certificada.)
☐ I will be forwarding the **Certified Copy** for an **Apostille Seal**.
(Enviaré esta copia certificada para ser Apostillada.)
☐ I would like a ***Certification***.
(Quiero una certificación.)

If available, I prefer the format of the certified copy to be:
(Prefiero:)
☐ Computer Generated copy of original.
(Copia del Original-Generado por Computadora)
☐ Digital Image/Photocopy of original.
(Imagen Digital/Fotocopia del Original)

Name of Applicant *(Nombre de Aplicante)*	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)* ☐ Passport *(Pasaporte)* ☐ Driver's License *(Licensia de Conducir)* ☐ School/Sports *(Escuela/Deportes)* ☐ Veterans' Benefits *(Beneficios veteranos)* ☐ Social Security Card *(Tarjeta Seguro Social)* ☐ Social Security Disability *(SSI / Incapacidad)* ☐ Other SS Benefits *(Otros beneficios de seguro social)* ☐ Medicare *(Medicare)* ☐ Welfare *(Asistencia Pública)* ☐ Other *(Otro)* _____
Current Mailing Address ***(Must Match address on ID)*** *[Dirección Postal (Debe coeIncedir con identificación)]*		
City *(Ciudad)* / State *(Estado)* / Zip Code *(Codigo Postal)*	Daytime Telephone Number *(Número Telefónico)*	
Applicant's Signature *(Firma del Aplicante)*	Date of Application *(Fecha)*	

☐ **BIRTH** ***(NACIMIENTO)***	Full Name of Child at Time of Birth *(Nombre Completo al Nacer)*		No. Requested Copies *(No. de Copias)*
	Place of Birth (City, Town) *[Lugar de Nacimiento (Ciudad, Pueblo)]*	County *(Condado)*	Exact Date of Birth *(Fecha de Nacimiento)*
	Child's Mother's Full Maiden Name *(Nombre completo de soltera de la Madre)*	Child's Father's Name (if on record) *[Nombre del Padre (si esta registrado)]*	
	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):*		
☐ **MARRIAGE** ***(MATRIMONIO)*** ☐ **CIVIL UNION** ***(UNIÓN CIVIL)*** ☐ **DOMESTIC PARTNERSHIP** ***(SOCIEDAD DOMÉSTICA)***	Name of Husband/ Partner *(Nombre de Esposo/Pareja)*		No. Requested Copies *(No. de Copias)*
	Maiden Name of Wife/ Partner *(Nombre Soltera de Esposa/Pareja)*		Exact Date of Event *(Fecha Exacta del Evento)*
	Place of Event (City, Town) *[Lugar del Evento (Ciudad, Pueblo)]*		County *(Condado)*
☐ **DEATH** ***(DEFUNCIÓN)***	Name of Deceased *(Nombre del Fallecido)*	Social Security Number *(See Note)* *[Numero de Seguro Social (Ver Indice)]*	No. Requested Copies *(No. de Copias)*
	Exact Date of Death *(Fecha Exacta ded Evento)*	Place of Event (City/Town) *[Lugar del Evento (Ciudad, pueblo)]*	County *(Condado)*
	Maiden Name of Deceased Individual's Mother *(Nombre Soltera de la Madre)*	Name of Deceased Individual's Father *(Nombre del Padre)*	

Application Check List: Have you enclosed and completed all required information?
(Lista Comprobada: ¿A Usted Incluido 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: ☐ Cash ☐ M/O ☐ Check ☐ Waived	Payment Amount: $	ID Viewed:	Processed By

REG-27
JUL 12

New Jersey State Department of Health
Vital Statistics and Registry
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

☐ I would like a ***Certified Copy***.
(Quiero una copia certificada.)
☐ I will be forwarding the **Certified Copy** for an **Apostille Seal**.
(Enviaré esta copia certificada para ser Apostillada.)
☐ I would like a ***Certification***.
(Quiero una certificación.)

If available, I prefer the format of the certified copy to be:
(Prefiero:)
☐ Computer Generated copy of original.
(Copia del Original- Generado por Computadora)
☐ Digital Image/Photocopy of original.
(Imagen Digital/Fotocopia del Original)

Name of Applicant *(Nombre de Aplicante)*	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)* ☐ Genealogy *(Ancestral)* ☐ Dual Citizenship *(Doble Ciudadania)* ☐ Estate Matters *(Cuestiones de Herencia)* ☐ Other *(Otro)* _____
Current Mailing Address ***(Must Match address on ID)*** *[Dirección Postal (Debe coencedir con identificación)]*		
City *(Ciudad)* / State *(Estado)* / Zip Code *(Codigo Postal)*	Daytime Telephone Number *(Número Telefónico)*	
Applicant's Signature *(Firma del Aplicante)*	Date of Application *(Fecha)*	

☐ **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 busqueda)*
	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):*		
☐ **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 busqueda)*
	Place of Event (City, Town) **(Optional)** *[Lugar del Evento (Ciudad, Pueblo)]*		County *(Condado)*
☐ **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 busqueda)*
	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 Incluido 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: ☐ Cash ☐ M/O ☐ Check ☐ Waived	Payment Amount: $	ID Viewed:	Processed By

REG-28
JUL 12