

REG-27a SEP 17

Payment Type: 

Cash M/O Check Waived Amount: \$

## **Township of Cranford**

## Health Department

8 Springfield Avenue • Cranford, New Jersey 07016-2199 (908) 709-7238 • Fax (908) 497-1540 health@cranfordnj.org

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

☐ Certified Copy ☐ Certified Copy for an Apostille Seal		Perso	ester's Relationship to on on Record is required for certified copy)	Requestor's Signature	
☐ Certification	Salas III • • • Il dell'altra della constanti di Amerika (di Amer	1,1		Date (of request)	/ /
Name of Requestor		1		Reasons for Request	
First Last	Middle	4. 4		Passport Driver's License School / Sports	
Current Mailing Addres	SS (must match address on ID)			Veterans' Bene Social Security	
Street				Medicare	
City	State		Zip Code	☐ Welfare / Disab ☐ Other:	ility
Email Address			Daytime Phone Number		
	<b>@</b> .		( ) -		
BIRTH					
Child's Name at Birth	First		Middle	Last	
No. Requested Copies	Place of Birth			County	Date of Birth
	City		State		/ /
	<b>S</b> (name given at birth or on bir		cate / Maiden Name)		
Parent A First		Middle		Last	
Parent B First		Middle		Last	
If Child's name was cha	nged:	Descri	be Change:		
MARRIAGE		CIVIL U	NION	DOMESTIC PAI	RTNERSHIP
No. Requested Copies	- SOMEONIA SOME SOMEON PROPERTY.			County	Date of Event
Name of Spaces /	City		State		
Spouse A First	given at birth or on birth certifi	Middle	naen Name)	Last	
Spouse B First	•	Middle		Last	
	*37 ***********************************	windure		Lust	
DEATH					
		100			
Name of Decedent	First		Middle	Last	
	Place of Death		Middle	Last County	Date of Death
Name of Decedent  No. Requested Copies	Place of Death City		State		Date of Death
Name of Decedent  No. Requested Copies	Place of Death	on birth c	State		Date of Death / /
Name of Decedent  No. Requested Copies	Place of Death City rents (name given at birth or	on birth o	State		Date of Death / /
Name of Decedent  No. Requested Copies  Name of Decedent's Par	Place of Death City rents (name given at birth or		State	County	Date of Death / /

☐ ID Viewed Processed By:

Cranford Health Dept. Vital Statistics and Registry 8 Springfield Avenue Cranford, NJ 07016

## INSTRUCTIONS FOR OBTAINING A COPY OF <u>NON-GENEALOGICAL</u> 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: <a href="http://www.state.nj.us/treasury/revenue/apostilles.shtml">http://www.state.nj.us/treasury/revenue/apostilles.shtml</a>.

Applications for a certification or certified copy of a Non-Genealogical record require the applicant to provide a completed application, valid proof of identity<sup>1</sup>, 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;
- o 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: <a href="http://nj.gov/health/vital/registration-vital/stillbirth/">http://nj.gov/health/vital/registration-vital/stillbirth/</a>.

Location Address:	Hours of Operation:		
Cranford Health Department Vital Statistics and Registry 8 Springfield Avenue Cranford, NJ 07016	Vital Statistics and Registry  8 Springfield Avenue		
Mailing Address:	Fees:		
Cranford Health Department Vital Statistics & Registry 8 Springfield Avenue Cranford, NJ 07016	Birth\$10.00  Marriage\$10.00  Civil Union\$10.00  Domestic Partner .\$10.00	Death       \$10.00         Corection       \$5.00         Service       \$XX.XX         Service       \$XX.XX	

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.