Borough of Hasbrouck Heights Health Dept. Laura French, Registrar 320 Boulevard, Hasbrouck Heights, NJ 07604

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

Certified Copy		Requestor's Relationship to Person on Record		Requestor's S	Requestor's Signature		
Certified Copy for a	n Apostille Seal	(proof is required)					
Certification				Date (of reques	t) / /		
Name of Requestor				Reasons for F	Request		
First Middle					Passport		
Last					License Sports		
Current Mailing Addre	SS (must match address on ID)			☐ Veteran	s' Benefits		
Street				Social Se	ecurity Card / Ben	efits	
City State Zip Code Welfare / Disability							
Email Address		Daytime Pho	one Number	Other:			
	@ .	()	_				
BIRTH							
Child's Name at Birth	First Middle Last						
No. Requested Copies	Place of Birth			County	Date of Birth		
	City	State			. /	/	
Name of Child's Parent	S (name given at birth or on birth	certificate / Maiden No	ame)	710 TO THE TOTAL OF THE TOTAL O	-t		
Parent A First	t	Middle		Last			
Parent B First Middle				Last			
If Child's name was cha	anged:						
New Name		Describe Chan	ge 				
MARRIAGE		IVIL UNION		DOMESTIC	PARTNERSHIP		
No. Requested Copies	Place of Event		. (County	Date of Event		
	City	State			/	/	
· ·	given at birth or on birth certifica	te / Maiden Name)					
Spouse A First	Middle			Last			
Spouse B First	Middle			Last			
DEATH							
Name of Decedent	irst Middle			Last			
No. Requested Copies	Place of Death		C	County	Date of Death		
•	City	State			1	/	
Name of Decedent's Pa	arents (name given at birth or on	birth certificate / Maid	en Name)	N.			
Parent A First	Middle		Last				
Parent B First		1iddle		Last			
Have you enclosed an	d completed all	☐ Complete	ed Application	☐ Proof (of Relationship		
Have you enclosed and completed all Completed Application Proof of Relationship required information? Acceptable Forms of ID							
	-	ayınem	•		Address Matches	ID	
		EOD STA	TE USE ONLY	<u>.</u>			
REG-37a	: 🗆 Cash 🗆 M/O 🗔 Check 🗀 V			☐ ID Viewed Pro	cessed 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 <u>Non-Genealogical</u> record <u>require</u> 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:

- o 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
- o 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:			
Hasbrouck Heights Health Dept. Laura French, Registrar 320 Boulevard Hasbrouck Heights, NJ 07604	9:00AM - 4:30 PM Monday to Friday			
Mailing Address:	Fees:			
Hasbrouck Heights Health Dept. Laura French, Registrar 320 Boulevard Hasbrouck Heights, NJ 07604	Certified Copy Each \$15.00 Certification Copy Each \$15.00			

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.