

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

Hoboken Division of Health
124 Grand Street
Hoboken, NJ 07030

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

☐ Certified Copy ☐ Certified Copy for an Apostille Seal ☐ 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 ☐ Passport ☐ Driver's License ☐ School / Sports ☐ Veterans' Benefits ☐ Social Security Card / Benefits ☐ Medicare ☐ Welfare / Disability ☐ Other: _____
Current Mailing Address (must match address on ID) Street _____ City _____ State _____ Zip Code _____			
Email Address _____ @ _____ . _____	Daytime Phone Number () -		

☐ 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 (name given at birth or on birth certificate / Maiden Name) Parent A First _____ Middle _____ Last _____ Parent B First _____ Middle _____ Last _____			
If Child's name was changed: New Name _____ Describe Change: _____			

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

☐ DEATH			
Name of Decedent First _____ Middle _____ Last _____			
No. Requested Copies	Place of Death City _____ State _____	County	Date of Death / /
Name of Decedent's Parents (name given at birth or on birth certificate / Maiden Name) Parent A First _____ Middle _____ Last _____ Parent B First _____ Middle _____ Last _____			

Have you enclosed and completed all required information?

***Do not send original documents.**

Copies only*

☐ Completed Application

☐ Payment

☐ Proof of Relationship

☐ Acceptable Forms of ID

☐ Mailing Address Matches ID

FOR STATE USE ONLY

Payment Type: ☐ Cash ☐ M/O ☐ Check ☐ Waived

Amount: \$

☐ ID Viewed

Processed By: