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
(proof is required for certified copy)

Requestor's Signature

Date *(of request)* / /

Name of Requestor
First *Middle*
Last

Current Mailing Address *(must match address on ID)*
Street
City *State* *Zip Code*

Email Address @ .

Daytime Phone Number ( ) -

Reasons for Request
- ☐ Passport
- ☐ Driver's License
- ☐ School / Sports
- ☐ Veterans' Benefits
- ☐ Social Security Card / Benefits
- ☐ Medicare
- ☐ Welfare / Disability
- ☐ Other: _____

☐ **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

REG-27a
APR 19
J1023

FOR STATE USE ONLY

Payment Type: ☐ Cash ☐ M/O ☐ Check ☐ Waived | **Amount:** $ | ☐ **ID Viewed** | **Processed By:**