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

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

☐ *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?

- ☐ Completed Application
- ☐ Payment
- ☐ Proof of Relationship
- ☐ Acceptable Forms of ID
- ☐ Mailing Address Matches ID

REG-37a
SEP 17

FOR STATE USE ONLY			
Payment Type: ☐ Cash ☐ M/O ☐ Check ☐ Waived	**Amount:** $	☐ ID Viewed	**Processed By:**

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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 **Non-Genealogical** record **require** the applicant to provide a completed application, valid proof of identity[1], 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;
- 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; or
- requesting pursuant to a court order.

To request a certified copy of a Certificate of Birth Resulting in Stillbirth, 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

[1] 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.