

STAFFORD TOWNSHIP (609)597-1000 EXT. 8510
 OCEAN COUNTY
 260 EAST BAY AVENUE
 MANAHAWKIN, NJ 08050

**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 identity¹, 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: STAFFORD TOWNSHIP 260 EAST BAY AVENUE MANAHAWKIN, NJ 08050 609-597-1000 EXT.8510	Hours of Operation: 8:30 AM - 4:30 PM MONDAY - FRIDAY
Mailing Address: STAFFORD TOWNSHIP VITAL STATISTICS 260 EAST BAY AVENUE MANAHAWKIN, NJ 08050	Fees: \$ 10.00 per certified copy 24 Hour Processing Check, Cash, or Money Order No Credit or Debit Cards

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.

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

<input type="checkbox"/> Certified Copy <input type="checkbox"/> Certified Copy for an Apostille Seal <input type="checkbox"/> Certification		Requestor's Relationship to Person on Record <i>(proof is required for certified copy)</i>	Requestor's Signature _____
			Date (of request) / /
Name of Requestor First _____ Middle _____ Last _____		Reasons for Request <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> School / Sports <input type="checkbox"/> Veterans' Benefits <input type="checkbox"/> Social Security Card / Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare / Disability <input type="checkbox"/> Other: _____	
Current Mailing Address (must match address on ID) Street _____ City _____ State _____ Zip Code _____			
Email Address _____ @ _____ . _____		Daytime Phone Number () - _____	

<input type="checkbox"/> BIRTH			
Child's Name at Birth First _____ Middle _____ Last _____			
No. Requested Copies	Place of Birth City STAFFORD TOWNSHIP State NJ	County OCEAN	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 _____			

<input type="checkbox"/> MARRIAGE		<input type="checkbox"/> CIVIL UNION		<input type="checkbox"/> DOMESTIC PARTNERSHIP	
No. Requested Copies	Place of Event City STAFFORD TOWNSHIP State NJ	County OCEAN	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 _____				

<input type="checkbox"/> DEATH					
Name of Decedent First _____ Middle _____ Last _____					
No. Requested Copies	Place of Death City STAFFORD TOWNSHIP State NJ	County OCEAN	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: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Amount: \$ _____	ID Viewed	Processed By: _____