

**APPLICATION PROCESS FOR OBTAINING A
COPY OF A NON-GENEALOGICAL VITAL
RECORD**

**TOWNSHIP OF CLARK
430 WESTFIELD AVE. RM 18
CLARK, NJ 07066
732-428-8405**

- **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. The Bureau of Vital Statistics and Registration has records beginning January 1901.
- **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.

To get an Apostille Seal, first obtain a certified copy of the vital record from the State Bureau of Vital Statistics and Registration by checking the Apostille Seal box on the application. You will receive a certified copy of the vital record with the original signature of the State Registrar or Assistant State Registrar. **You must forward this document to the New Jersey Department of Treasury, which issues the Apostille Seal.** (www.state.nj.us/treasury/revenue/dcr/programs/apostilles.htm)

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 fee² and, if requesting a certified copy, proof that establishes you are:

- o The subject of the record,
- o 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 Pursuant to a court order.
- o A bank, title or insurance company requesting a copy of a death certificate for official business.

Applications filed in person will require the applicant to provide the original of the above documents, whereas applications filed by mail will require the applicant to provide copies of the documents.

NOTE: ALL items are required, except Social Security Number which is only required for Bank, Title, and Insurance Companies requesting copies of death certificates.

DO NOT USE this form to request a Certified Copy of a Certificate of Birth Resulting in Stillbirth. Use form **REG-68**, which is available on the department's website at: www.state.nj.us/health/vital/vital.shtml. Follow the instructions carefully.

The Clark Bureau of Vital Statistics accepts walk-in applications at the location shown below. Office hours are 8:30 AM-9:30 AM and 2:30-3:30 PM, Monday – Friday, excluding holidays.

<p>Mailing Address: TOWNSHIP OF CLARK 430 WESTFIELD AVE CLARK, NJ 07066 732-428-8405 NANCY RAYMOND, REGISTRAR LAURA CALIGUIRE, DEPUTY REGISTRAR</p>	<p>Walk-In Service Only: TOWNSHIP OF CLARK 430 WESTFIELD AVE. CLARK, NJ 07066 732-428-8405 NANCY RAYMOND, REGISTRAR LAURA CALIGUIRE, DEPUTY REGISTRAR</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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/tax return for current or previous year.

² The fee for each copy of a vital records is ~~\$10.00~~ please make checks payable to the TOWNSHIP OF CLARK. **NO CASH TRANSACTIONS WILL BE ACCEPTED!!!**

\$ 15.00

TOWNSHIP OF CLARK OFFICE OF VITAL RECORDS
 430 WESTFIELD AVE. ROOM 18
 CLARK, NJ 07066
 REGISTRAR: NANCY RAYMOND- 732-428-8405
 DEPUTY REGISTRAR- LAURA CALIGUIRE-

APPLICATION FOR A NON-GENEALOGICAL CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD
APLICACIÓN PARA COPIAS CERTIFICADAS Ó CERTIFICACIONES DE REGISTROS CIVILES NO- ANCESTRO

<input type="checkbox"/> I would like a Certified Copy . (Quiero una copia certificada.)		If available, I prefer the format of the certified copy to be: (Prefiero:)	
<input type="checkbox"/> I would like a Certification . (Quiero una certificación.)		<input type="checkbox"/> Computer-generated copy of original. (Copia del Original-Generado por Computadora)	
Documents in need of an Apostille Seal must be obtained from the State. (Registros que necesitan un Sello de Apostille, deben ser obtenidos por la Oficina Estatal.)		<input type="checkbox"/> Digital Image/Photocopy of original. (Imagen Digital/Fotocopia del Original)	
Name of Applicant (Nombre de Apicante)		Relationship to person on record (Proof is required if certified copy requested.) (Relación al individuo (Prueba es requerida para copia certificada.))	Reasons for Request: (Motivo de solicitud)
Current Mailing Address (Must Match address on ID) (Dirección Postal (Debe coincidir con identificación))		City (Ciudad) State (Estado) Zip Code (Codigo Postal)	<input type="checkbox"/> Passport (Pasaporte) <input type="checkbox"/> Driver's License (Licencia de Conducir) <input type="checkbox"/> School/Sports (Escuela/Deportes) <input type="checkbox"/> Veterans' Benefits (Beneficios veteranos) <input type="checkbox"/> Social Security Card (Tarjeta Seguro Social) <input type="checkbox"/> Social Security Disability (SSI / Incapacidad) <input type="checkbox"/> Other SS Benefits (Otros beneficios de seguro social) <input type="checkbox"/> Medicare (Medicare) <input type="checkbox"/> Welfare (Asistencia Pública)
Applicant's Signature (Firma del Apicante)		Daytime Telephone Number (Número Telefónico)	Date of Application (Fecha)

<input type="checkbox"/> BIRTH (NACIMIENTO)	Full Name of Child at Time of Birth (Nombre Completo al Nacer)		No. Requested Copies (No. de Copias)
	Place of Birth (City, Town) (Lugar de Nacimiento (Ciudad, Pueblo))	County (Condado)	Exact Date of Birth (Fecha de Nacimiento)
	Child's Mother's Full Maiden Name (Nombre completo de soltera de la Madre)		Child's Father's Name (if on record) (Nombre del Padre (si esta registrado))
	If the Child's Name was Changed, Indicate New Name and How it was Changed: (Si el nombre del niño fue cambiado, indique el nuevo nombre y como fue cambiado):		
<input type="checkbox"/> MARRIAGE (MATRIMONIO) <input type="checkbox"/> CIVIL UNION (UNIÓN CIVIL) <input type="checkbox"/> DOMESTIC PARTNERSHIP (SOCIEDAD DOMÉSTICA)	Name of Husband/ Partner (Nombre de Esposo/Pareja)		No. Requested Copies (No. de Copias)
	Maiden Name of Wife/ Partner (Nombre Soltera de Esposa/Pareja)		Exact Date of Event (Fecha Exacta del Evento)
	Place of Event (City, Town) (Lugar del Evento (Ciudad, Pueblo))		County (Condado)
<input type="checkbox"/> DEATH (DEFUNCIÓN)	Name of Deceased (Nombre del Fallecido)	Social Security Number (See Note) (Numero de Seguro Social (Ver Índice))	No. Requested Copies (No. de Copias)
	Exact Date of Death (Fecha Exacta del Evento)	Place of Event (City/Town) (Lugar del Evento (Ciudad, pueblo)).	County (Condado)
	Maiden Name of Deceased Individual's Mother (Nombre Soltera de la Madre)		Name of Deceased Individual's Father (Nombre del Padre)

Application Checklist: Have you enclosed and completed all required information?
 (Lista Comprobada: ¿A Usted Incluido y Completado Toda la Información Requerida en la Aplicación?)

- | | | | | |
|-------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> All Items on Application (Todo Artículos en la Aplicación) | <input type="checkbox"/> Payment (Pago) | <input type="checkbox"/> Acceptable Forms of ID (Identificación Aceptable) | <input type="checkbox"/> Proof of Relationship (Prueba de Parentesco) | <input type="checkbox"/> Mailing Address Matches ID (Dirección Postal Coincidente con ID) |
|-------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------|