

**City of Lambertville**  
**18 York Street**  
**Lambertville, NJ 08530**  
**609-397-0110**

**APPLICATION FOR NON-GENEALOGICAL CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD**  
**APLICACION PARA COPIAS CERTIFICADAS O CERTIFICACIONES DE REGISTRATOS CIVILES NO-ANCESTRO**

<input type="checkbox"/> I would like a Certified Copy. <i>(Quiero una copia certificada).</i>		If available, I prefer the format of the certified copy to be: <i>(Prefiero:)</i>	
<input type="checkbox"/> I will be forwarding the Certified Copy for an Apostille Seal. <i>(Enviare esta copia certificada para ser Apostillada.)</i>		<input type="checkbox"/> Computer Generated copy of original. <i>(Copia del Original-Generado por Computadora)</i>	
<input type="checkbox"/> I would like a Certification. <i>(Quiero una certificacion.)</i>		<input type="checkbox"/> Digital Image/Photocopy of original. <i>(Imagen Digital/Fotocopia del Original)</i>	
Name of Applicant <i>(Nombre de Apicante)</i>		Relationship to person on record (Proof is required if certified copy requested.) <i>(Relacion al individuo Prueba es requerida para copia certificada)</i>	
Current Mailing Address <i>(Direccion Postal (Debe coelncedir con identificacion))</i>		Reasons for Request: <i>(Motivo de solicitud)</i> <input type="checkbox"/> Passport <i>(Pasaporte)</i> <input type="checkbox"/> Driver's License <i>(Licensia de Conducir)</i> <input type="checkbox"/> School/Sports <i>(Escuela/Deportes)</i> <input type="checkbox"/> Veterans' Benefits <i>(Beneficios veteranos)</i> <input type="checkbox"/> Social Security Card <i>(Tarjeta Seguro Social)</i> <input type="checkbox"/> Other SS Benefits <i>(Otros beneficios de seguro social)</i> <input type="checkbox"/> Social Security Disability <i>(SSI/Incapacidad)</i> <input type="checkbox"/> Medicare <i>(Medicare)</i> <input type="checkbox"/> Welfare <i>(Asistencia Publica)</i> <input type="checkbox"/> Other <i>(Otro)</i>	
City, State, Zip Code <i>(Ciudad, Estado, Codigo Postal)</i>		Daytime Telephone Number <i>(Numero Telefonico)</i>	
Applicant's Signature <i>(Firma del Apicante)</i>		Date of Application <i>(Fecha)</i>	
<input type="checkbox"/> Birth <i>(Nacimiento)</i>	Full Name of Child at Birth <i>(Nombre Completo al Nacer)</i>		No. Requested Copies <i>(No. de Copias)</i>
	Place of Birth (City, Town) <i>Lugar de Nacimiento (Ciudad, Pueblo)</i>	County <i>(Condado)</i>	Exact Date of Birth <i>(Fecha de Nacimiento)</i>
	Child's Mother's Full Maiden Name <i>(Nombre completo de soltera de la Madre)</i>		Child's Father's Name (if on record) <i>(Nombre del Padre – si esta registrado)</i>
	If the Child's Name was Changed, Indicate New Name and How it was Changed: <i>(Si el nombre del nino fue cambiado, indique el nuevo nombre y como fue cambiado)</i>		
<input type="checkbox"/> Marriage <i>(Ma Trimonio)</i>  <input type="checkbox"/> Civil Union <i>(Union Civil)</i>  <input type="checkbox"/> Domestic Partnership <i>(Sociedad Domestica)</i>	Name of Husband/Partner <i>(Nombre de Esposo/Pareja)</i>		No. Requested Copies <i>(No. de Copias)</i>
	Maiden Name of Wife/Partner <i>(Nombre Soltera De Esposa/Pareja)</i>		Exact Date of Event <i>(Fecha Exacta del Evento)</i>
	Place of Event (City, Town) <i>(Lugar del Evento, Ciudad, Pueblo)</i>		County <i>(Condado)</i>
<input type="checkbox"/> Death <i>(Defuncion)</i>	Name of Deceased <i>(Nombre del Fallecido)</i>	Social Security Number (See Note) <i>[Numero de Seguro Social (Ver Indice)]</i>	No. Requested Copies <i>(No. de Copias)</i>
	Exact Date of Death <i>(Fecha Exacta ded Evento)</i>	Place of Event (City/Town) <i>[(Lugar del Evento (Ciudad, pueblo)]</i>	County <i>(Condado)</i>
	Maiden Name of Deceased Individual's Mother <i>(Nombre Soltera del la Madre)</i>		Name of Deceased Individual's Father <i>(Nombre del Padre)</i>

Application Check List: Have you enclosed and completed all required information?

*(Lista Comprobada: ¿ A Usted Incluido y Completado Toda la Informacion Requerida en la Aplicacion?)*

All Items on Application   
  Payment   
  Acceptable Forms ID   
  Proof of Relationship   
  Mailing Address Matches ID

*(Todo Articulos en la Aplicacion) (Pago) (Identificacion Aceptable) (Prueba de Parentesco) (Direccion Postal Coincidente con ID)*

<b>City of Lambertville Use Only</b>			
Payment Type:  <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Amount Due:	ID Viewed:	Processed by:
Reason waived:			

- 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 records 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 check 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](http://www.state.nj.us/treasury/revenue/dcr/programs/apostilles.htm).)

Applications for certification or certified copy of a Non-Genealogical record require the applicant to provide a completed application, valid proof of identity<sup>1</sup>, payment of the fee<sup>2</sup> 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 the legal age
- A state or federal agency for official purposes, or
- Pursuant to a court order.
- A bank, title or insurance company requesting a copy of a death certificate or official business.

All applications are required to be filed in person will require the applicant to provide the original of the above documents.

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 website at: [www.state.nj.us/health/vital/vital.shtml](http://www.state.nj.us/health/vital/vital.shtml). Follow the instructions carefully.

The following items can be used for identification:

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 the search and resulting record is \$4, April 14, 2010; the fee is \$15 per certified copy.
3. The fee for processing a correction, after April 14, 2010 will be \$10.

The City of Lambertville accepts cash or checks. Please make all checks out to the City of Lambertville.