Oradell Health Department
Bureau of Vital Statistics
355 Kinderkamack Road
Oradell, NJ 07649

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

- **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 Office of Vital Statistics and Registry has records beginning January 1915.
- **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 Office of Vital Statistics and Registry 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.**

  (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[2] 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
- Pursuant to a court order.

**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.**

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.nj.gov/health/vital/vital.shtml. Follow the instructions carefully.

**The Oradell Health Department Bureau of Vital Statistics accepts walk-in applications at the location shown below. Office hours are Monday, 9 AM - 1 PM, Tuesday and Thursday 8 AM - 12 PM, excluding State holidays. You must submit your application a half hour before closing to obtain your certified copy the same day.**

| Mailing Address: | Walk-In Service Only: |
|---|---|
| Oradell Health Department<br>Bureau of Vital Statistics<br>355 Kinderkamack Road<br>Oradell, NJ 07649 | Oradell Health Department<br>Bureau of Vital Statistics<br>355 Kinderkamack Road<br>Oradell, NJ 07649 |

**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.**

**The fee is $5.00 per record copy.**

**Make check or money order payable to "Oradell Board of Health."**

**ORADELL BOARD OF HEALTH**
**355 KINDERKAMACK ROAD, ORADELL NJ 07649**
**201 261-8106**
**$5.00 PER CERTIFIED COPY ORDERED**

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

☐ I would like a ***Certified Copy.*** *(Quiero una copia certificada.)*
☐ I would like a ***Certification.*** *(Quiero una certificación.)*
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.)*

Preferred format (if available): *(Prefiero:)*
☐ Computer-generated copy of original. *(Copia del Original-Generado por Computadora)*
☐ Digital Image/Photocopy of original. *(Imagen Digital/Fotocopia del Original)*

| | | |
|---|---|---|
| Name of Applicant *(Nombre de Aplicante)* | 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)* ☐ Passport *(Pasaporte)* ☐ Driver's License *(Licensia de Conducir)* ☐ School/Sports *(Escuela/Deportes)* ☐ Veterans' Benefits *(Beneficios veteranos)* ☐ Social Security Card *(Tarjeta Seguro Social)* ☐ Social Security Disability *(SSI / Incapacidad)* ☐ Other SS Benefits *(Otros beneficios de seguro social)* ☐ Medicare *(Medicare)* ☐ Welfare *(Asistencia Pública)* ☐ Other *(Otro)* _____ |
| Current Mailing Address ***(Must Match address on ID)*** *[Dirección Postal (Debe coeIncedir con identificación)]* | | |
| City *(Ciudad)* / State *(Estado)* / Zip Code *(Codigo Postal)* | Daytime Telephone Number *(Número Telefónico)* | |
| Applicant's Signature *(Firma del Aplicante)* | Date of Application *(Fecha)* | |

| | | | |
|---|---|---|---|
| ☐ **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)* |
| | Full Name of Child's Parent A *(Nombre completo de Padre/Madre A)* | Full Name of Child's Parent B (if on record) *(Nombre completo de Padre/Madre B) (si el registro)* | |
| | 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):* | | |
| ☐ **MARRIAGE** ***(MATRIMONIO)*** ☐ **CIVIL UNION** ***(UNIÓN CIVIL)*** ☐ **DOMESTIC PARTNERSHIP** ***(SOCIEDAD DOMÉSTICA)*** | Full Name of Spouse A/Partner A *(List name given at birth or on birth certificate)* *[Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento)]* | | No. Requested Copies *(No. de Copias)* |
| | Full Name of Spouse B/Partner B *(List name given at birth or on birth certificate)* *[Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento)]* | | Exact Date of Event *(Fecha Exacta del Evento)* |
| | Place of Event (City, Town) *[Lugar del Evento (Ciudad, Pueblo)]* | | County *(Condado)* |
| ☐ **DEATH** ***(DEFUNCIÓN)*** | Name of Deceased Individual *(Nombre del Fallecido)* | | No. Requested Copies *(No. de Copias)* |
| | Exact Date of Death *(Fecha Exacta ded Evento)* | Social Security Number *(Numero de Seguro Social)* | |
| | Place of Event (City/Town) *[Lugar del Evento (Ciudad, Pueblo)]* | | County *(Condado)* |
| | Full Name of Deceased Individual's Parent A *(Nombre completo de Padre/Madre A)* | Full Name of Deceased Individual's Parent B *(Nombre completo de Padre/Madre B)* | |

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

☐ All Items on Application *(Todo Articulos en la Aplicación)* ☐ Payment *(Pago)* ☐ Acceptable Forms of ID *(Identificación Aceptable)* ☐ Proof of Relationship *(Prueba de Parentesco)* ☐ Mailing Address Matches ID *(Dirección Postal Coincidente con ID)*

| FOR OFFICIAL USE ONLY | | | |
|---|---|---|---|
| Payment Type: ☐ Cash ☐ M/O ☐ Check ☐ Waived | Payment Amount: $ | ID Viewed: | Processed By |

REG-37
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