APPLICATION FOR A *CERTIFICATION* OR A *CERTIFIED COPY* OF A VITAL RECORD

A ***Certification*** of a vital record event is issued to those individuals with a distant or no relationship to the individual(s) listed on the vital record. It is issued for informational purposes only and cannot be used for legal or identification purposes.

A ***Certified Copy*** of a vital record event is issued to those individuals who have a direct link to the individual(s) named on the vital record event, as identified in Governor McGreevey's Executive Order 18, provided that the requestor is able to identify the vital record and establish their identity. A Certified Copy will contain the raised Great Seal of the State of New Jersey and can be used for legal or identification purposes.

PLEASE TYPE OR PRINT CLEARLY! ALL ITEMS ARE REQUIRED UNLESS NOTED OTHERWISE.* PROOF OF IDENTITY IS REQUIRED. MAKE CHECK OR MONEY ORDER PAYABLE TO Town of Hackettstown

Name of Applicant	Relationship to Person Named On Requested Record	Why is record being requested? ☐Passport ☐Driver License ☐School/Sports ☐Social Security Card ☐Soc. Sec. Disability ☐Other Soc. Sec. Benefits ☐Veterans Benefits ☐Medicare ☐Welfare ☐Genealogy ☐Other: _____
Street Address		
City State Zip Code	Telephone Number	
Signature of Applicant	Date of Application	

BIRTH	Full Name of Child at Time of Birth		No. of Copies Requested
	Place of Birth (City, Town or Township)	County	
	Exact Date of Birth	Name of Hospital (Optional)	
	Mother's Full Maiden Name	Father's Name (if recorded on the record)	
	If Child's Name Was Changed, Indicate New Name and How It Was Changed		

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.

MARRIAGE	Name of Husband		No. of Copies Requested
	Maiden Name of Wife		Exact Date of Marriage
	Place of Marriage (City, Town or Township)	County	
DOMESTIC PARTNERSHIP	Name of Partner		No. of Copies Requested
	Name of Partner		Exact Date Registered
	Place Where Domestic Partnership Registered (City, Town or Township)	County	
DEATH	Name of Deceased		No. of Copies Requested
	Exact Date of Death	Place of Death (City, Town or Township)	County
	Mother's Full Maiden Name	Father's Name (if recorded on the record)	

* Births occurring over 80 years ago, marriages occurring over 50 years ago and deaths occurring over 40 years ago are considered genealogical and therefore exact information is not required. You may provide only the name of the individual recorded on the vital record, the county where the event occurred and the year the event occurred.

REG-3
MAY 04

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