BOROUGH OF FLORHAM PARK
Office of Vital Statistics
111 Ridgedale Avenue
Florham Park, New Jersey 07932
973-410-5319 – Telephone
973-410-5485 - Facsimile

OFFICE HOURS

The Registrar's Office is open Monday through Friday from 9:00 am until 4:30 pm (excluding holidays). Walk-ins should arrive no later than 4 pm to receive their certified copy on the same day. It is recommended that you call prior to coming to the office to ensure that someone will be available to assist you.

FEES AND REQUIRED DOCUMENTATION

Via mail or in person

$25.00 (1st copy) $5.00 each additional copy (per order)

Self-Identification: All requests must include a valid copy of your 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 identification with current address. Or, two alternate forms of identification one of which must show your **current** address. Acceptable types of alternate identification are: United States or foreign passport, Federal or State identification, immigrant visa, school identification, permanent residence card (green card), utility bill or bank statement (within past 90 days), W-2, voter registration card, vehicle registration card, or vehicle insurance card.	Did you include?
Proof of Relationship: You must also include proof of your relationship to the individual listed on the record that you are requesting, unless it is a request for your own record. Individuals requesting records in person must have these original identifications in their possession when filing an application for a certified copy of a vital record.	Did you include?
Self-Addressed, Stamped Envelope: Mail all requests to the address listed above. You must include a self-addressed, stamped envelope, if you request that a record be mailed back to you. Certified copies of vital records will only be mailed to the address shown on your proof of identification.	Did you include?

New Jersey Department of Health
Vital Statistics and Registry
P.O. Box 370
Trenton, NJ 08625-0370

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 will be forwarding the **Certified Copy** for an **Apostille Seal.**
(Enviaré esta copia certificada para ser Apostillada.)
☐ I would like a ***Certification.***
(Quiero una certificación.)

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 coincidir 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 *(List name given at birth or on birth certificate)* *[Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento)]*		
	Full Name of Child's Parent B (if on record) *(List name given at birth or on birth certificate)* *[Nombre completo de Padre/Madre B (si el registro) (Inscrito en el acta de nacimiento)]*		
	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)*		
	Exact Date of Death *(Fecha Exacta del Evento)*		No. Requested Copies *(No. de Copias)*
	Place of Event (City/Town) *[Lugar del Evento (Ciudad, Pueblo)]*		County *(Condado)*
	Full Name of Deceased Individual's Parent A *(List name given at birth or on birth certificate)* *[(Nombre completo de Padre/Madre A) (Inscrito en el acta de nacimiento)]*	Full Name of Deceased Individual's Parent B *(List name given at birth or on birth certificate)* *[(Nombre completo de Padre/Madre B) (Inscrito en el acta de nacimiento)]*	

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

REG-27
JUL 15