REQUESTING A CERTIFICATION OF A GENEALOGICAL RECORD

GENEALOGICAL RECORDS (FAMILY HISTORY RESEARCH) ARE:

BIRTH, DEATH AND MARRIAGE RECORDS FOR PEOPLE WHO ARE DECEASED

AND WHERE

- **THE BIRTH OCCURRED MORE THAN 80 YEARS AGO**
- **THE MARRIAGE OCCURRED MORE THAN 50 YEARS AGO**
- **THE DEATH OCCURRED MORE THAN 40 YEARS AGO**

YOUR REQUEST CANNOT BE PROCESSED AS A GENEALOGICAL REQUEST IF THE PERSON NAMED ON THE RECORD IS STILL LIVING OR THE EVENT WAS MORE RECENT THAN LISTED ABOVE.
PROOF OF RELATIONSHIP IS NOT REQUIRED IF YOU ARE REQUESTING A CERTIFICATION, WHICH IS AN UNCERTIFIED INFORMATIONAL COPY OF THE VITAL RECORD WHICH IS NOT VALID FOR ESTABLISHING IDENTITY OR LEGAL PURPOSES.

YOU MUST IDENTIFY THE RECORD BY PROVIDING THE FOLLOWING INFORMATION:

- FULL NAME ON THE RECORD
- CITY OR COUNTY WHERE THE EVENT OCCURRED
- YEAR THE EVENT OCCURRED

THE FOLLOWING MUST BE SENT WITH YOUR APPLICATION:

- A COPY OF YOUR ID FOR PROOF OF IDENTITY (SEE ACCEPTABLE FORMS OF ID)
- $10.00 CHECK OF MONEY ORDER PAYABLE TO LAKEWOOD TOWNSHIP

ACCEPTABLE FORMS OF ID FOR GENEALOGICAL REQUESTS

YOU MUST RPOVIDE ACCEPTABLE ID IN ORDER TO GET A COPY OF ANY VITAL RECORD. COPIES OF VITAL RECORDS MUST BE MAILED TO THE ADDRESS LISTED ON YOUR ID.
THE FOLLOWING ARE ACCEPTABLE FORMS OF ID:

- A VALID PHOTO DRIVER'S LICENSE WITH CURRENT ADDRESS
- OR
- A VALID PHOTO NON- DRIVER'S LICENSE WITH CURRENT ADDRESS
- OR
- TWO ALTERNATE FORMS OF ID, ONE OF WHICH MUST HAVE CURRENT ADDRESS.

ALTERNATE FORMS OF ID ARE:

- VEHICLE REGISTRATION
- VEHICLE INSURANCE CARD
- VOTER REGISTRATION
- US/ FOREIGN PASSPORT
- IMMIGRANT VISA
- PERMANENT RESIDENT CARD (GREEN CARD)
- FEDERAL/ STATE ID
- COUNTY ID
- CURRENT SCHOOL ID
- BANK STATEMENT (WITHIN PREVIOUS 90 DAYS)
- UTILITY BILL (WITHIN PREVIOUS 90 DAYS)
- W-2 OR TAX RETURN FOR CURRENT/ PREVIOUS TAX YEAR

PLEASE DO NOT SEND IN ORIGINAL DOCUMENTS. ONLY COPIES ARE REQUIRED.

DEPARTMENT OF VITAL STATISTICS
231 THIRD STREET
LAKEWOOD, NJ 08701
732- 364-2500 EX.5236 OR 5259

APPLICATION FOR A *GENEALOGICAL* CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD
APLICACIÓN POR UNA COPIA CERTIFICADA Ó CERTIFICACIONES DE UN REGISTRO CIVIL 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.)

If available, I prefer the format of the certified copy to be:
(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)*
Current Mailing Address ***(Must Match address on ID)*** *[Dirección Postal (Debe coencedir con identificación)]*				☐ Genealogy *(Ancestral)*
City *(Ciudad)*	State *(Estado)*	Zip Code *(Codigo Postal)*	Daytime Telephone Number *(Número Telefónico)*	☐ Dual Citizenship *(Doble Ciudadania)*
Applicant's Signature *(Firma del Aplicante)*			Date of Application *(Fecha)*	☐ Estate Matters *(Cuestiones de Herencia)*
				☐ Other *(Otro)* _____

☐ **BIRTH** *(NACIMIENTO)* **(over 80 years ago)** *(más de 80 años)*	Full Name of Child at Time of Birth *(Nombre Completo al Nacer)*		No. Requested Copies *(No. de Copias)*
	Place of Birth (City, Town) **(Optional)** *[Lugar de Nacimiento (Ciudad, Pueblo)* ***(Opcional)****]*	County *(Condado)*	Date of Birth or Year(s) to be searched *(Fecha de Nacimiento ó años de busqueda)*
	Full Name of Child's Parent A *(List name given at birth or on birth certificate)* **(Optional)** *[Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento)* ***(Opcional)****]*		
	Full Name of Child's Parent B (if on record) *(List name given at birth or on birth certificate)* **(Optional)** *[Nombre completo de Padre/Madre B (si el registro) (Inscrito en el acta de nacimiento)* ***(Opcional)****]*		
	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)* **(over 50 years ago)** *(más de 50 años)*	Full Name of Spouse A *(List name given at birth or on birth certificate)* *[Nombre de Esposo (Inscrito en el acta de nacimiento)]*		No. Requested Copies *(No. de Copias)*
	Full Name of Spouse B *(List name given at birth or on birth certificate)* *[Nombre de Esposo (Inscrito en el acta de nacimiento)]*		Date of Event or Year(s) to be searched *(Fecha del Evento ó años de busqueda)*
	Place of Event (City, Town) **(Optional)** *[Lugar del Evento (Ciudad, Pueblo)* ***(Opcional)****]*		County *(Condado)*
☐ **DEATH** *(DEFUNCIÓN)* **(over 40 years ago)** *(más de 40 años)*	Name of Deceased *(Nombre del Fallecido)*		No. Requested Copies *(No. de Copias)*
	Place of Event (City/Town) **(Optional)** *[Lugar del Evento (Ciudad, pueblo)* ***(Opcional)****]*	County *(Condado)*	Date of Death or Year(s) to be searched *(Fecha de muerte ó años de busqueda)*
	Full Name of Deceased Individual's Parent A **(Optional)** (List name given at birth or on birth certificate) *[Nombre completo de Padre/Madre A* ***(Opcional)*** *(Inscrito en el acta de nacimiento)]*	Full Name of Deceased Individual's Parent B **(Optional)** (List name given at birth or on birth certificate) *[Nombre completo de Padre/Madre B* ***(Opcional)*** *(Inscrito en el acta de nacimiento)]*	

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

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JUL 15