

City of Pleasantville
Office of Vital Statistics
18 N First Street, Pleasantville, NJ 08232
(609) 484-3613

**APPLICATION FOR A NON-GENEALOGICAL
 CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD**

<input type="checkbox"/> <i>Certified Copy</i> <input type="checkbox"/> <i>Certified Copy for an Apostille Seal</i> <input type="checkbox"/> <i>Certification</i>		Requestor's Relationship to Person on Record <i>(proof is required for certified copy)</i>	Requestor's Signature _____
			Date (of request) / /
Name of Requestor First _____ Middle _____ Last _____		Reasons for Request <input type="checkbox"/> <i>Passport</i> <input type="checkbox"/> <i>Driver's License</i> <input type="checkbox"/> <i>School / Sports</i> <input type="checkbox"/> <i>Veterans' Benefits</i> <input type="checkbox"/> <i>Social Security Card / Benefits</i> <input type="checkbox"/> <i>Medicare</i> <input type="checkbox"/> <i>Welfare / Disability</i> <input type="checkbox"/> <i>Other:</i> _____	
Current Mailing Address (must match address on ID) Street _____ City _____ State _____ Zip Code _____			
Email Address _____ @ _____ . _____		Daytime Phone Number () - _____	

<input type="checkbox"/> BIRTH			
Child's Name at Birth First _____ Middle _____ Last _____			
No. Requested Copies	Place of Birth City _____ State _____	County	Date of Birth / /
Name of Child's Parents (name given at birth or on birth certificate / Maiden Name) Parent A First _____ Middle _____ Last _____ Parent B First _____ Middle _____ Last _____			
If Child's name was changed: New Name _____ Describe Change _____			

<input type="checkbox"/> MARRIAGE		<input type="checkbox"/> CIVIL UNION		<input type="checkbox"/> DOMESTIC PARTNERSHIP	
No. Requested Copies	Place of Event City _____ State _____	County	Date of Event / /		
Name of Spouses (name given at birth or on birth certificate / Maiden Name) Spouse A First _____ Middle _____ Last _____ Spouse B First _____ Middle _____ Last _____					

<input type="checkbox"/> DEATH					
Name of Decedent First _____ Middle _____ Last _____					
No. Requested Copies	Place of Death City _____ State _____	County	Date of Death / /		
Name of Decedent's Parents (name given at birth or on birth certificate / Maiden Name) Parent A First _____ Middle _____ Last _____ Parent B First _____ Middle _____ Last _____					

Have you enclosed and completed all required information?

- Completed Application
- Payment
- Proof of Relationship
- Acceptable Forms of ID
- Mailing Address Matches ID

REG-37a
 SEP 17

FOR STATE USE ONLY					
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived		Amount: \$ _____	<input type="checkbox"/> ID Viewed	Processed By: _____	

Safety Paper No.:

ADDITIONAL INFORMATION

A certified copy of a vital record is issued to those individuals who have a direct link to the individual(s) named on the vital record event, provided that the requestor is able to identify the vital record. A certified copy will contain the raised seal and can be used for legal or identification purpose. Regulations allow only the following individuals to obtain a certified copy of a record and proof of relationship is required:

Subject, subject's parent, legal guardian, legal representative, subject's spouse, subject's child, subject's grandchild, subject's sibling or commissioner.

ID Required

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 alternate forms of ID and one of which must show the current address. Identification includes: drivers license, non-photo drivers license, vehicle registration, insurance card, voter registration card, passport, green card, county ID, school ID, utility bill, bank statement (within previous 90 days), tax Return or W-2 for current/previous tax year etc.

FEE

Copies of a vital record, including birth, marriage, domestic partnership and death certificates, may be purchased for a fee of \$10 for each certificate.

Certificates by Mail

Complete the application on the reverse side; include photocopies of two (2) different forms of identification and the fee payable to the City of Pleasantville. Mail to: City Clerk's Office, 18 N. First Street, Pleasantville, N.J. 08232. (609) 484-3613.

** CONSENT FOR DISCLOSURE OR CONFIDENTIAL INFORMATION OF DEATH RECORD

NJSA 26:5C-12 provides that the following individuals may consent to the disclosure of confidential information (cause of death) on a death certificate.

This is to certify that I am the _____ of the _____
(Relationship to deceased) (Name of the deceased)

who died in Pleasantville, NJ on _____. I am qualified to give consent
(Date of Death)

for disclosure to the death record and hereby request the Registrar of Vital Statistics to issue said death certificate showing the confidential information.

Signature

Address