



BOROUGH *of* ROSELAND

Office of the Registrar of Vital Statistics

19 Harrison Ave., Roseland, NJ 07068
(973) 428-3039

Application process for obtaining a certified copy of a Vital Record

- **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.
- **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 Bureau of Vital Statistics and Registration 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](http://www.state.nj.us/treasury/revenue/dcr/programs/apostilles.htm), which issues the Apostille Seal.** (www.state.nj.us/treasury/revenue/dcr/programs/apostilles.htm)

Application for a certified copy of a vital record **requires** the applicant to provide a completed application; valid proof of identity¹, payment of the fee² and 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.
- A bank, title or insurance company requesting a copy of a death certificate for official business.

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.

NOTE: ALL items are required, except Social Security Number which is only required for Bank, Title, and Insurance Companies requesting copies of death certificates.

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.

Mailing Address: Borough of Roseland Registrar's Office 19 Harrison Ave Roseland, NJ 07068	Walk-In Service <u>Only</u> by Appointment: Borough Hall 19 Harrison Ave., 2 nd Floor Roseland, NJ 07068
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¹ 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.

² The fee for the first copy is \$10.00; additional copies of the same record ordered at the same time are \$5.00 each. . **Make check or money order payable to "Borough of Roseland." Do NOT mail CASH!!!**



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APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

FEE: \$10.00 for the first copy, \$5.00 for each additional copy, checks made payable to "Borough of Roseland"
Please fill out the application and submit with proof of identity (to submit through mail, send to address above)

PLEASE BE ADVISED: the request will be rejected if the application is incomplete

If available, I prefer the format of the certified copy to be: Computer Generated copy of original
 Digital Image/Photocopy of original

Name of Applicant			Relationship to person on record (Proof is required if certified copy is requested)	Reasons for the Request: <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> School/Sports <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Insurance Benefits <input type="checkbox"/> Social Security Card <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Other SS Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Other: _____
Current Mailing Address (<i>Must Match address on ID</i>)				
City	State	Zip Code	Daytime Phone Number	
Signature of Applicant			Date of Application	

<input type="checkbox"/> BIRTH	Full Name of Child at Time of Birth		No. Requested Copies
	Place of Birth (City, Town)	County	Exact Date of Birth
	Child's Mother's Full Maiden Name		Child's Father's Name (if on record)
	If the Child's Name was Changed, Indicate New Name and How it was Changed:		

<input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> DOMESTIC PARTNERSHIP	Name of Husband/Partner		No. Requested Copies
	Maiden Name of Wife/Partner		Exact Date of Event
	Place of Event (City, Town)		County

<input type="checkbox"/> DEATH	Name of Deceased		Social Security Number	No. Requested Copies
	Exact Date of Death	Place of Event (City, Town)		County
	Maiden Name of Deceased Individual's Mother		Name of Deceased Individual's Father	

FOR OFFICE USE ONLY

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check	Receipt Number:	Payment Amount:	ID Viewed:	Processed By:
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