

REQUEST FORM: VITAL STATISTICS RECORDS

- **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.
- **Certifications** are issued on plain paper with no seal and clearly indicate they are not valid for establishing identity or for legal purposes. Certifications are generally useful for genealogy. Certifications of death records do not contain the Social Security Number or the Cause of Death medical terminology.

Applications for a certification or certified copy of a record **require** the applicant to provide a completed application, valid proof of identity, payment of the fee and, if requesting a certified copy, 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
- Pursuant to a court order, or
- 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.

VALID PROOF OF IDENTITY:

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.

The fee for is \$15 per certified copy or certification.

Make Check or money order payable to "Wantage Township".

OFFICE OF THE REGISTRAR OF VITAL STATISTICS
Of the Township of Wantage in the County of Sussex
888 Route 23, Wantage, NJ 07461

<input type="checkbox"/> I would like a Certified Copy. <i>(Quiero una copia certificada.)</i>		
<input type="checkbox"/> I would like a Certification. <i>(Quiero una certificación.)</i>		
Name of Applicant <i>(Nombre de Apicante)</i>		Relationship to person on record (Proof is required if certified copy requested.) <i>[Relación al individuo (Prueba es requerida para copia certificada.)]</i>
Current Mailing Address (Must Match address on ID) <i>[Dirección Postal (Debe coincidir con identificación)]</i>		
City <i>(Ciudad)</i>	State <i>(Estado)</i>	Zip Code <i>(Codigo Postal)</i>
Applicant's Signature <i>(Firma del Apicante)</i>		Date of Application <i>(Fecha)</i>
Reasons for Request: <i>(Motivo de solicitud)</i>		
<input type="checkbox"/> Passport <i>(Pasaporte)</i> <input type="checkbox"/> Driver's License <i>(Licencia de Conducir)</i> <input type="checkbox"/> School/Sports <i>(Escuela/Deportes)</i> <input type="checkbox"/> Veterans' Benefits <i>(Beneficios veteranos)</i> <input type="checkbox"/> Social Security Card <i>(Tarjeta Seguro Social)</i> <input type="checkbox"/> Social Security Disability <i>(SSI / Incapacidad)</i> <input type="checkbox"/> Other SS Benefits <i>(Otros beneficios de seguro social)</i> <input type="checkbox"/> Medicare <i>(Medicare)</i> <input type="checkbox"/> Welfare <i>(Asistencia Pública)</i> <input type="checkbox"/> Other <i>(Otro)</i>		

<input type="checkbox"/> BIRTH (NACIMIENTO)	Full Name of Child at Time of Birth <i>(Nombre Completo al Nacer)</i>		No. Requested Copies <i>(No. de Copias)</i>
	Place of Birth (City, Town) <i>[Lugar de Nacimiento (Ciudad, Pueblo)]</i>	County <i>(Condado)</i>	Exact Date of Birth <i>(Fecha de Nacimiento)</i>
	Child's Mother's Full Maiden Name <i>(Nombre completo de soltera de la Madre)</i>	Child's Father's Name (if on record) <i>[Nombre del Padre (si esta registrado)]</i>	
	If the Child's Name was Changed, Indicate New Name and How it was Changed: <i>(Si el nombre del niño fue cambiado, indique el nuevo nombre y como fue cambiado):</i>		
<input type="checkbox"/> MARRIAGE (MATRIMONIO) <input type="checkbox"/> CIVIL UNION (UNIÓN CIVIL) <input type="checkbox"/> DOMESTIC PARTNERSHIP (SOCIEDAD DOMÉSTICA)	Name of Husband/ Partner <i>(Nombre de Esposo/Pareja)</i>		No. Requested Copies <i>(No. de Copias)</i>
	Maiden Name of Wife/ Partner <i>(Nombre Soltera de Esposa/Pareja)</i>		Exact Date of Event <i>(Fecha Exacta del Evento)</i>
	Place of Event (City, Town) <i>[Lugar del Evento (Ciudad, Pueblo)]</i>		County <i>(Condado)</i>
<input type="checkbox"/> DEATH (DEFUNCIÓN)	Name of Deceased <i>(Nombre del Fallecido)</i>	Social Security Number (See Note) <i>[Numero de Seguro Social (Ver Indice)]</i>	No. Requested Copies <i>(No. de Copias)</i>
	Exact Date of Death <i>(Fecha Exacta del Evento)</i>	Place of Event (City/Town) <i>[Lugar del Evento (Ciudad, pueblo)]</i>	County <i>(Condado)</i>
	Maiden Name of Deceased Individual's Mother <i>(Nombre Soltera de la Madre)</i>		Name of Deceased Individual's Father <i>(Nombre del Padre)</i>

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?)

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> All Items on Application
<i>(Todo Artículos en la Aplicación)</i> | <input type="checkbox"/> Payment
<i>(Pago)</i> | <input type="checkbox"/> Acceptable Forms of ID
<i>(Identificación Aceptable)</i> | <input type="checkbox"/> Proof of Relationship
<i>(Prueba de Parentesco)</i> | <input type="checkbox"/> Mailing Address Matches ID
<i>(Dirección Postal Coincidente con ID)</i> |
|---|---|--|---|---|