Verona Health Department
Vital Statistics and Registry
880 Bloomfield Avenue, Verona, NJ 07044

APPLICATION FOR A GENEALOGICAL CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD

☐ *Certified Copy* ☐ **Certified Copy** for an **Apostille Seal** ☐ *Certification*	**Requestor's Relationship to Person on Record** *(proof is required for certified copy)*	**Requestor's Signature** **Date of Request** / /

Name of Requestor

First *Middle*

Last

Current Mailing Address *(must match address on ID)*

Street

City *State* *Zip Code*

Email Address

@ .

Daytime Phone Number

( ) -

Reasons for Request

☐ Genealogy
☐ Dual Citizenship
☐ Estate Matters
☐ Other: _____

☐ BIRTH (OVER 80 YEARS AGO)

Child's Name at Birth	*First* *Middle* *Last*		
No. Requested Copies	**Place of Birth** *(optional)* *City* *State*	**County**	**Date of Birth / Years** *(to search)*

Name of Child's Parents *(name given at birth or on birth certificate / Maiden Name) (optional)*

Parent A *First* *Middle* *Last*

Parent B *First* *Middle* *Last*

If Child's name was changed:

New Name *Describe Change*

☐ MARRIAGE (OVER 50 YEARS AGO)

No. Requested Copies	**Place of Event** *(optional)* *City* *State*	**County**	**Event Date / Years** *(to search)*

Name of Spouses *(name given at birth or on birth certificate / Maiden Name)*

Spouse A *First* *Middle* *Last*

Spouse B *First* *Middle* *Last*

☐ DEATH (OVER 40 YEARS AGO)

Name of Decedent	*First* *Middle* *Last*		
No. Requested Copies	**Place of Death** *(optional)* *City* *State*	**County**	**Date of Death / Years** *(to search)*

Name of Decedent's Parents *(name given at birth or on birth certificate / Maiden Name) (optional)*

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

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

REG-38a
MAY 18

Verona Health Department
Vital Statistics and Registry
880 Bloomfield Avenue, Verona, NJ 07044

INSTRUCTIONS FOR APPLICATION
OBTAINING COPY OF *GENEALOGICAL* VITAL RECORDS

- **Genealogical Records** are birth occurring more than 80 years ago (unless the individual is still living), marriages occurring more than 50 years ago and deaths occurring more than 40 years ago.
- **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.
- **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 Office of Vital Statistics and Registry by checking the Apostille Seal box on the application. You will receive a certified copy of the vital record issued by the State Office of Vital Statistics and Registry. **You must forward this document to the New Jersey Department of Treasury, which issues the Apostille Seal.** Additional information is available at: (http://www.state.nj.us/treasury/revenue/apostilles.shtml)

Applications for a certification or certified copy of a **Genealogical** record **require** the applicant to provide a completed application, valid proof of identity[1], payment of the fee[2] and if requesting a certified copy, proof that establishes you are:

- 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
- requesting pursuant to a court order.

All genealogy applications must be filed by mail and require the applicant to provide copies of the above documents.

NOTE: ALL items not marked as optional are required.

Location Address:	**Hours of Operation:**
Name of Local Health Department Vital Statistics and Registry Address - City, State, Zip	XX:XX AM - XX:XX PM Day - Day
Mailing Address:	**Fees:**
Name of Local Health Department Vital Statistics and Registry Address - City, State, Zip	Service .....$XX.XX Service .....$XX.XX Service .....$XX.XX Service .....$XX.XX Service .....$XX.XX Service .....$XX.XX Service .....$XX.XX Service .....$XX.XX

Click to Lock & Save Form w/ LHD Info

[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 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 state (within previous 90 days) or W-2 for current or previous year. Requests for records to be mailed to an address other than that which appears on the requestor's ID must be accompanied by a notarized letter which includes: A) the alternate address, and B) a written request to mail records to this alternate address.