

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

A **Certification** of a vital record event is issued to those individuals with a distant or no relationship to the individual(s) listed on the vital record. It is issued for informational purposes only and cannot be used for legal or identification purposes.

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 S and can be used for legal or identification purposes.

PLEASE TYPE OR PRINT CLEARLY. ALL ITEMS ARE REQUIRED UNLESS NOTED OTHERWISE. *PROOF OF IDENTIFY IS REQUIRED. MAKE CHECK OR MONEY ORDER PAYABLE TO "BOROUGH OF CHESTER" DO NOT MAIL CASH.

Name of Applicant	Relationship to Person Named on Requested Record	Why is Record being requested <input type="checkbox"/> Passport <input type="checkbox"/> Drivers License <input type="checkbox"/> School/Sports <input type="checkbox"/> Social Security Card <input type="checkbox"/> Soc. Sec. Disability <input type="checkbox"/> Other Soc. Sec. Benefits <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Genealogy <input type="checkbox"/> Other (Specify)
Street Address		
City	Telephone Number	
Signature of Applicant	Date of Application	

BIRTH	Full Name of Child at Time of Birth		No. of Copies Requested
	Place of Birth (City, Town or Township)	County	Exact Date of Birth
	Full Name of Child's Parent A	Full Name of Child's Parent B (if on record)	
	If Child's Name Was Changed, Indicate New Name and How It Was Changed		

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.

<input type="checkbox"/> Marriage <input type="checkbox"/> Civil Union <input type="checkbox"/> Domestic Partnership	Name of Spouse A/Partner A (List name given at birth or on Birth Certificate)		No. of Copies Requested
	Name of Spouse B/Partner B (List name given at birth or on Birth Certificate)		Exact Date of Event
	Place of Event (City, Town or Township)	County	

DEATH	Name of Deceased		No. of Copies Requested
	Exact Date of Death	Social Security Number	
	Place of Death (City, Town or Township)	County	
	Full Name of Deceased Individual's Parent A	Full Name of Deceased Individual's Parent B	

* Births occurring over 80 years ago, marriages occurring over 50 years ago and deaths occurring over 40 years ago are considered genealogical and therefore you need only provide the name of the individual recorded on the vital record, the county where the event occurred and the year the event occurred. Multiple years may be searched at a fee of \$1.00 per additional year searched.

FOR OFFICE USE ONLY			
Payment Type <input type="checkbox"/> Cash <input type="checkbox"/> Check	Payment Amount	ID Viewed	Processed By