



Borough of Chatham

MUNICIPAL BUILDING
54 FAIRMOUNT AVENUE
CHATHAM, NEW JERSEY 07928

973-635-0674 (Ext. 205)

Fax: 973-635-2417

APPLICATION FOR VITAL STATISTICS

To Whom It May Concern:

On April 24, 2002 Governor James E. McGreevey signed an Executive Order that will reduce instances of forgery and fraud in the issuance of vital records, including Birth, Marriage and Death certificates.

The Executive Order requires that the local registrar only issue certified copies of a vital record to persons who are subject of the vital record, or are the subject's parent, legal guardian, spouse, child, grandchild or sibling, if of legal age. Certified copies can also be obtained in certain other limited circumstances such as upon a court order, request from a government agency for official purposes or under other emergent circumstances.

It is necessary when requesting vital records that proof be provided to the local registrar to authenticate the identity of the person and his or her relationship with the subject of the vital record.

The individual requesting a record of Birth, Death or Marriage must provide exact information on a form provided by the Borough of Chatham. The relationship between the requester and the person named on the form provided will be the determining factor in deciding whether the Registrar of Vital Statistics issues a Certified Copy of the record.

- Exact names as recorded on record
- Exact place where event occurred
- Exact date of the event. – Multiple years will not be searched
- Birth- Exact Mother's Maiden Name/Exact Father's Name
- Death- Name of Deceased Mother/Father

In addition to the above stated information, you must provide a photo ID with an address or one (1) additional form of ID with address or two (2) alternate forms of ID such as Non-Photo Drivers License, Vehicle Registration Insurance Card, Voter Registration; Passport, Green Card, County ID, School ID, or Utility Bill.

The cost of a Certified Copy in the Borough of Chatham is \$10.00 ea. Copies will only be sent to address on ID if requested by mail. Please make check out to Borough of Chatham and mail to the above address.

Anne Mandal
Registrar of Vital Statistics
973-635-0674 x 205

Revised August 2013

**New Jersey Department of Health and Senior Services
Vital Statistics and Registration
P.O. BOX 370
Trenton, NJ 08625-0370**

**APPLICATION FOR A NON-GENEALOGICAL CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD
APLICACIÓN PARA COPIAS CERTIFICADAS Ó CERTIFICACIONES DE REGISTROS CIVILES NO-ANCESTRO**

<input type="checkbox"/> I would like a Certified Copy . (Quiero una copia certificada.)		If available, I prefer the format of the certified copy to be: (Prefero:)	
<input type="checkbox"/> I will be forwarding the Certified Copy for an Apostille Seal . (Enviaré esta copia certificada para ser Apostillada.)		<input type="checkbox"/> Computer Generated copy of original. (Copia del Original-Generado por Computadora)	
<input type="checkbox"/> I would like a Certification . (Quiero una certificación.)		<input type="checkbox"/> Digital Image/Photocopy of original. (Imagen Digital/Fotocopia del Original)	
Name of Applicant (Nombre de Aplicante)		Relationship to person on record (Proof is required if certified copy requested.) (Relación al individuo (Prueba es requerida para copia certificada.))	
Current Mailing Address (Must Match address on ID) (Dirección Postal (Debe coincidir con identificación))		Reasons for Request: (Motivo de solicitud)	
City (Ciudad) State (Estado) Zip Code (Codigo Postal)		<input type="checkbox"/> Passport (Pasaporte) <input type="checkbox"/> Driver's License (Licencia de Conducir) <input type="checkbox"/> School/Sports (Escuela/Deportes) <input type="checkbox"/> Veterans' Benefits (Beneficios veteranos) <input type="checkbox"/> Social Security Card (Tarjeta Seguro Social) <input type="checkbox"/> Social Security Disability (SSI / Incapacidad) <input type="checkbox"/> Other SS Benefits (Otros beneficios de seguro social) <input type="checkbox"/> Medicare (Medicare) <input type="checkbox"/> Welfare (Asistencia Pública) <input type="checkbox"/> Other (Otro)	
Daytime Telephone Number (Número Telefónico)		<input type="checkbox"/> Medicare (Medicare) <input type="checkbox"/> Welfare (Asistencia Pública) <input type="checkbox"/> Other (Otro)	
Applicant's Signature (Firma del Apicante)		Date of Application (Fecha)	

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

**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?)**

- All Items on Application (Todo Artículos en la Aplicación)
 Payment (Pago)
 Acceptable Forms of ID (Identificación Aceptable)
 Proof of Relationship (Prueba de Parentesco)
 Mailing Address Matches ID (Dirección Postal Coincidente con ID)

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