

**EDISON VITAL STATISTICS
100 MUNICIPAL BLVD
EDISON, NEW JERSEY 08817**

**APPLICATION FOR A 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.) <input type="checkbox"/> I will be forwarding the Certified Copy for an Apostille Seal . (Enviaré esta copia certificada para ser Apostillada.) | | FORMS OF PAYMENT CASH, CREDIT CARDS AT COUNTER OR MONEYORDERS THRU THE MAIL \$25 FOR FIRST \$20 ADDITIONAL COPIES PURCHASED AT THE SAME TIME M/O made to Registrar of Vital Statistics HOURS OPEN 8AM CLOSED AT 4PM for Certified Copies | |
| Name of Applicant (Nombre de Apicante) Person that applies for record | | Relationship to person on record (Proof is required) [Relación al individuo (Prueba es requerida para copia certificada.)] | Reasons for Request: (Motivo de solicitud) <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) |
| Current Mailing Address (Must Match address on ID) [Dirección Postal (Debe coincidir con identificación)] | | | |
| City (Ciudad) | State (Estado) | Zip Code (Codigo Postal) | Daytime Telephone Number (Número Telefónico) |
| 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 Esposo/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 Indice)] | No. Requested Copies (No. de Copias) |
| | 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) |

Provide Acceptable Identification

You must provide acceptable ID in order to get a copy of any vital record. Copies of vital records must be mailed to the address listed on your identification. The following are acceptable forms of ID:

- A current, valid photo driver's license or photo non-driver's license
OR
- A current, valid driver's license without photo and one alternate form of ID
OR..
- **Two alternate forms of ID, one of which must have current address.**

Alternate forms of ID are:

- Vehicle registration
- Vehicle Insurance card
- Voter registration
- US/Foreign Passport
- Immigrant Visa
- Permanent Resident Card (Green card)
- Federal/State ID
- County ID
- School ID
- Bank Statement (within previous 90 days)
- Utility bill (within the previous 90 days)
- W-2 or tax return for current/previous tax year

Proof of Relationship

To get a certified copy you must provide proof of your relationship to the person listed on the vital record and the proof must establish you are one of the following:

- The subject of the record
- The subject's parent, legal guardian or legal representative
- The subject's spouse/civil union or domestic partner; child, grandchild or sibling, if of legal age
- A state or federal agency for official purposes
- Pursuant to court order

Proof of Relationship

- parent's or sibling's vital record
you must provide a copy of your birth certificate to show you are the child or sibling of the person whose record you are requesting.
- your grandparent's vital record
you must establish that you are the person's grandchild by providing proof that links the name on your ID to the name of the grandparent.

For example, if you changed your last name after marriage/civil union and want a grandparent's vital record, you must:

1. Provide your marriage/civil union certificate to show your name at birth,
2. Provide your birth certificate to identify your parent, and
3. Provide the parent's birth certificate to identify the grandparent.

TOWNSHIP FEES ARE \$25.00 FOR FIRST COPY \$20.00 FOR ANY COPY PURCHASED AT THE SAME TIME for the same person. (2 COPIES \$45.00 3 COPIES \$65.00)
Cash accepted only at the counter. Money Order or Certified Check through the mail.

Hours of operation 8am-4:00pm only Monday thru Friday