

BLAIRSTOWN TOWNSHIP, WARREN COUNTY

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

A **CERTIFIED COPY** of a vital record event is issued to those individuals who have a direct link to the individual(s) named on the vital record event, as identified in Governor McGreevey's Executive Order 18, and provided that the requestor is able to identify the vital record and can provide proof of identity and relationship. A Certified Copy will contain the raised seal of the Township of Blairstown and can be used for legal or identification purposes.

INSTRUCTIONS: Please type or print all information clearly. Proof of identity is required (see back of form).
 If requesting certified copy by mail, forward copies of two (2) forms of ID stating your correct address, along with \$10.00 per copy requested. Mail to: Registrar, 106 Route 94, Blairstown, NJ 07825.
MAKE CHECK/MONEY ORDER PAYABLE TO "BLAIRSTOWN TOWNSHIP". DO NOT MAIL CASH.

Name of Applicant			Relationship to Person Named On Requested Record. Proof is required.	Why is record being requested? <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Social Security Card <input type="checkbox"/> Other Social Security Benefits <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> School <input type="checkbox"/> Other: _____
Street Address				
City	State	Zip Code	Telephone Number	
Signature of Applicant			Date of Application	

B I R T H	Full Name of Child at Time of Birth		Number of Copies Requested _____ x \$10.00 = _____
	Place of Birth (Municipality)		County
	Exact Date of Birth	Name of Hospital (Optional)	
	Mother's Full Maiden Name		Father's Name (if recorded on the record)
	If Child's Name Was Changed, Indicate New Name and How it Was Changed		

M A R R I A G E	Name of Husband		Number of Copies Requested _____ x \$10.00 = _____
	Maiden Name of Wife		Exact Date of Marriage
	Place of Marriage (Municipality)	County	

D O M E S T I C	Name of Partner		Number of Copies Requested _____ x \$10.00 = _____
	Name of Partner		Exact Date Registered
	Place Where Domestic Partnership Registered (Municipality)	County	

D E A T H	Name of Deceased		Number of Copies Requested _____ x \$10.00 = _____
	Exact Date of Death	Place of Death (Municipality)	County
	Mother's Full Maiden Name		Father's Name (if recorded on the record)

FOR OFFICE USE ONLY				
Payment by: <input type="checkbox"/> cash <input type="checkbox"/> check <input type="checkbox"/> m/o <input type="checkbox"/> waived	Payment Amount:	ID Viewed:	Processed by:	Certification Number:

APPLICATION REQUIREMENTS FOR CERTIFIED COPIES

You must submit a completed application for a copy of a vital record, along with valid identification

Valid Identification: 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 with the current address

Acceptable forms of alternate ID:	vehicle registration card	permanent residence card
	vehicle insurance card	federal/state ID
	voter registration card	school ID
	U.S. or foreign passport	immigrant visa
	W-2 for current or the previous tax year	utility bill or bank statement within last 90 days

If you are requesting a certified copy, proof of relationship is required 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 court order

To establish proof of relationship for . . .

Your own birth certificate: your valid ID is acceptable, however, if you have assumed your spouse's or civil union partner's surname, you must provide a copy of your marriage or civil union certificate to link the name on your current ID to the name on your birth certificate

Your child's birth certificate: If the name on your identification matches the name of the child's parent, then your identification will establish your relationship. If your current name does not match the name as recorded on the birth certificate, as the parent you will need to supply a copy of your marriage or civil union certificate or legal name change

Your spouse's/civil union partner's vital record: Provide a copy of your marriage/civil union certificate

Your parent's or sibling's vital record: Provide a copy of YOUR birth certificate with parents' names

Your grandparent's vital record: You must establish that you are the person's grandchild by linking the name on your identification to the name of the grandparent. For example, if you changed your last name after marriage and want a grandparent's vital record, you must (1) provide your marriage 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

If you are requesting a certified copy of a record and are

An Executor of an estate, you must supply proof of appointment as the executor

The legal representative of the executor of an estate, you must supply proof of legal retainer by the executor and proof of the appointment of the individual as the executor.

If you are not a person qualified to receive a certified copy of a record but

You are helping a person receive a certified copy of a vital record that he/she is eligible to receive, you must show your valid ID and a notarized, written release authorizing you to get the record on that person's behalf OR you can supply a written release from the person you are helping along with a copy of that person's valid photo ID

You are in need of a vital record and are not the legal representative of an eligible person, you must obtain a court order directing the State Registrar to issue a certified copy of the record. A subpoena is not sufficient to issue a copy of a vital record.