



# BOROUGH *of* ROSELAND

Office of the Registrar of Vital Statistics

Board of Health

140 Eagle Rock Ave., Roseland, NJ 07068

(973) 428-3039

## Application process for obtaining a certified copy of a Vital Record

- **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.
- **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 Bureau of Vital Statistics and Registration by checking the Apostille Seal box on the application. You will receive a certified copy of the vital record with the original signature of the State Registrar or Assistant State Registrar. **You must forward this document to the New Jersey Department of Treasury, which issues the Apostille Seal.** ([www.state.nj.us/treasury/revenue/dcr/programs/apostilles.htm](http://www.state.nj.us/treasury/revenue/dcr/programs/apostilles.htm))

**Application** for a certified copy of a vital record **requires** the applicant to provide a completed application; valid proof of identity<sup>1</sup>, payment of the fee<sup>2</sup> and proof 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, or
- Pursuant to a court order.
- A bank, title or insurance company requesting a copy of a death certificate for official business.

**Applications filed in person will require the applicant to provide the original of the above documents, whereas applications filed by mail will require the applicant to provide copies of the documents.**

**NOTE: ALL items are required, except Social Security Number which is only required for Bank, Title, and Insurance Companies requesting copies of death certificates.**

**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](http://www.state.nj.us/health/vital/vital.shtml).

Mailing Address:

Borough of Roseland  
140 Eagle Rock Ave  
Roseland, NJ 07068

**Walk-In Service by Appointment ONLY:**

- **FEE: \$10 for the first copy, \$5 for each additional copy**

<sup>1</sup> 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, 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 statement (within previous 90 days) or W-2/tax return for current or previous year.

<sup>2</sup> The fee for the first copy is \$10.00; additional copies of the same record ordered at the same time are \$5.00 each. . **Make check or money order payable to "Borough of Roseland." Do NOT mail CASH!!!**



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Office of the Registrar of Vital Statistics Board of Health

140 Eagle Rock Ave., Roseland, NJ 07068 · (973) 428-3039

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

**FEE: \$10 for the first copy, \$5 for each additional copy. Must include copy of Photo ID**

<input type="checkbox"/> I would like a <b>Certified Copy</b> . (Quiero una copia certificada.)			If available, I prefer the format of the certified copy to be: (Prefiero:)			
<input type="checkbox"/> I will be forwarding the <b>Certified Copy</b> for an <b>Apostille Seal</b> . (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 <b>Certification</b> . (Quiero una certificación.)			<input type="checkbox"/> Digital Image/Photocopy of original. (Imagen Digital/Fotocopia del Original)			
Name of Applicant (Nombre de Apicante)		Relationship to person on record (Proof is required if certified copy requested.) [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 ( <b>Must Match address on ID</b> ) [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"/> <b>BIRTH (NACIMIENTO)</b>	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)	
	Full Name of Child's Parent A (Nombre completo de Padre/Madre A)		Full Name of Child's Parent B (if on record) (Nombre completo de Padre/Madre B) (si el registro)	
	If the Child's Name was Changed, Indicate New Name and How it was Changed: , indique el nuevo nombre y como fue cambiado:			
<input type="checkbox"/> <b>MARRIAGE (MATRIMONIO)</b>	Full Name of Spouse A/Partner A (List name given at birth or on birth certificate) [Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento)]		No. Requested Copies (No. de Copias)	
	Full Name of Spouse B/Partner B (List name given at birth or on birth certificate) [Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento)]		Exact Date of Event (Fecha Exacta del Evento)	
			Place of Event (City, Town) [Lugar del Evento (Ciudad, Pueblo)]	
<input type="checkbox"/> <b>CIVIL UNION (UNIÓN CIVIL)</b>				
<input type="checkbox"/> <b>DOMESTIC PARTNERSHIP (SOCIEDAD DOMÉSTICA)</b>				
<input type="checkbox"/> <b>DEATH (DEFUNCIÓN)</b>	Name of Deceased (Nombre del Fallecido)		No. Requested Copies (No. de Copias)	
	Exact Date of Death (Fecha Exacta del Evento)		Social Security Number (Numero de Seguro Social)	
	Place of Event (City/Town) [Lugar del Evento (Ciudad, pueblo)]		County (Condado)	
	Full Name of Deceased Individual's Parent A (Nombre completo de Padre/Madre A)		Full Name of Deceased Individual's Parent B (Nombre completo de Padre/Madre B)	

**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 ROSELAND OFFICE 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
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