# Borough of Somerville

**Vital Statistics • 25 West End Avenue • Somerville, NJ 08876**
**(908) 725-2300 Ext. 1980 • Fax (908) 725-6218**
**www.somervillenj.org**


Public Health
Prevent. Promote. Protect.

## INSTRUCTIONS FOR A CERTIFIED COPY OF VITAL RECORDS
## BIRTH • DEATH • MARRIAGE/CIVIL UNION

- You may apply in-person, through the mail or on the internet at *www.vitalchek.com*.

- The first certified copy of a vital record is $25.00. Each additional certified copy of the SAME vital record is $2.00. Payment is cash, check or money order. We do not accept credit or debit cards.

- If you use *Vitalchek* there is an additional $8.00 fee for using this service with US postal service delivery. UPS delivery fee is $20.00 in addition to *VitalChek's* $8.00 fee.

- You must have a valid photo ID with your address (for example, a driver's license) or two other forms of ID, and at least one must have your current address.

- Only the parents, spouse/civil union partner/ domestic partner, sibling, or grandchild may obtain a certified copy for someone other than themselves. If you are not listed on the vital record, you will also need to provide proof of relationship.

- If you are applying through the mail, you must send:
    - Completed application (the person completing the application is the "applicant"). Complete the section pertaining to the type of certificate you are requesting
    - Photocopy of the applicant's ID, and proof of relationship, if applicable. For example, if a parent is re-married and has a different last name than listed on the vital record, parent must show proof of re-marriage, i.e. new marriage certificate
    - A check or money order for $25.00 for one certified copy of a vital record plus $2.00 for each additional certified copy of the SAME vital record made to SOMERVILLE DIVISION OF HEALTH
    - Stamped, self-addressed envelope

- If you are ordering a certified copy through *www.vitalchek.com*, you will need to fax your ID to our office (instructions are on the website). If you can scan your ID to create a pdf file to e-mail to our office (usually more legible than a faxed ID), please e-mail as an attachment to nfedowitz@somervillenj.org. We will only be able to fill your order if your ID is legible – a fax of a scanned or color copied ID is more legible than a black/white copy.

| |
|---|
| Pay____ _____ |
| Collect_____ |
| Fee _____ |
| Change_____ |

# APPLICATION FOR CERTIFIED COPIES OF VITAL RECORDS

Somerville Division of Health • 25 West End Avenue • Somerville, NJ 08876
Phone (908) 725-2300 ext. 1980 • Fax (908) 725-6218

**YOU WILL NEED TO SHOW A CURRENT FORM OF IDENTIFICATION**

$25.00 for the first certified copy of a vital record - $2.00 for each add'l copy of the same record
Payable to the **SOMERVILLE DIVISION OF HEALTH**

$25.00 para la primera copia certificada – $2.00 para cada copia más para el mismo documento
Pagadero a **SOMERVILLE DIVISION OF HEALTH**

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|---|---|---|
| Name of Applicant *(Nombre de Aplicante)* | Relationship to Person on Record (Proof is required) *(Relación al individuo - Prueba es requerida)* | Reasons for Request *(Motivo de solicitud)*<br>☐ Passport *(Pasaporte)*<br>☐ Driver License *(Licensia de Conducir)*<br>☐ School/Sports *(Escuela/ Deportes)*<br>☐ Social Security Card *(Tarjeta Seguro Social)*<br>☐ Social Security Disability *(SSI / Incapacidad)*<br>☐ Other Soc. Sec. benefits *(Otros beneficios de seguro social)*<br>☐ Veterans benefits *(Beneficios veteranos)*<br>☐ Medicare *(Medicare)*<br>☐ Welfare *(Asistencia Pública)*<br>☐ Other *(otro)* _____ |
| Current Mailing Address **(Must Match address on ID)** *(Dirección Postal - debe coincedir con identificación)* | | |
| City *(Ciudad)* State *(Estado)* Zip *(Codigo Postal)* | Daytime Telephone *(Número Telefónico)* | |
| Signature of Applicant *(Firma del Aplicante)* | Date of Application *(Fecha)* | |

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|---|---|---|---|
| ☐ BIRTH *(Nacimiento)* | Full Name of Child at Birth *(Nombre Completo al Nacer)* | | No. Copies Requested *(No. De Copias)* |
| | Place of Birth (City/Town/Township) *(Lugar de Nacimiento - Cuidad/Pueblo)* **SOMERVILLE** | County *(Condado)* **SOMERSET** | 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 recorded) *(Nombre del Padre si esta registrado)* | |
| | If 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)* | | |
| ☐ MARRIAGE *(Matrimonio)*<br>☐ CIVIL UNION *(Unión Civil)*<br>☐ DOMESTIC PARTNERSHIP *(Sociedad Doméstica)* | Name of Husband/Partner *(Nombre de Esposo/Pareja)* | | Copies Requested *(No. De Copias)* |
| | Name of Wife/Partner *(Nombre de Esposa/Pareja)* | | Exact Date of Event *(Fecha Exacta del Evento)* |
| | Place of Event (City/Town/Township) *(Lugar del Evento - Ciudad/Pueblo)* **SOMERVILLE** | County *(Condado)* **SOMERSET** | |
| ☐ DEATH *(Defunción)* | Name of Deceased (Nombre de Fallecido) | | Copies Requested *(No. De Copias)* |
| | Exact Date of Death *(Fecha Exacta del Evento)* | Place of Death (City/Town/Township) *(Lugar del Evento - Ciudad/Pueblo)* **SOMERVILLE** | County (Condado) **SOMERSET** |
| | Maiden Name of Deceased Individual's Mother *(Nombre Soltera de la Madre)* | Name of Deceased Individual's Father (if recorded) *(Nombre del Padre si esta registrado)* | |

**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 Articulos 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)*