

**Township of Freehold - Registrar of Vital Statistics**  
**1 Municipal Plaza**  
**Freehold, NJ 07728**

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

<input type="checkbox"/> <b>BIRTH</b> <i>(NACIMIENTO)</i>	Full Name of Child at Time of Birth ( <i>Nombre Completo al Nacer</i> )		No. Requested Copies ( <i>No. de Copias</i> )
	Place of Birth (City, Town) <i>[Lugar de Nacimiento (Ciudad, Pueblo)]</i>	County <i>(Condado)</i>	Exact Date of Birth <i>(Fecha de Nacimiento)</i>
	Full Name of Child's Parent A ( <i>List name given at birth or on birth certificate/Maiden name</i> ) <i>[Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento o de soltera)]</i>		
	Full Name of Child's Parent B (if on record) ( <i>List name given at birth or on birth certificate/Maiden name</i> ) <i>[Nombre completo de Padre/Madre B (si el registro) (Inscrito en el acta de nacimiento o de soltera)]</i>		
	If the Child's Name was Changed, Indicate New Name and How it was Changed: <i>(Si el nombre del niño fue cambiado, indique el nuevo nombre y como fue cambiado):</i>		
<input type="checkbox"/> <b>MARRIAGE</b> <i>(MATRIMONIO)</i>  <input type="checkbox"/> <b>CIVIL UNION</b> <i>(UNIÓN CIVIL)</i>  <input type="checkbox"/> <b>DOMESTIC PARTNERSHIP</b> <i>(SOCIEDAD DOMÉSTICA)</i>	Full Name of Spouse A/Partner A ( <i>List name given at birth or on birth certificate/Maiden name</i> ) <i>[Nombre completo de Pareja A (Inscrito en el acta de nacimiento o de soltera)]</i>		No. Requested Copies <i>(No. de Copias)</i>
	Full Name of Spouse B/Partner B ( <i>List name given at birth or on birth certificate/Maiden name</i> ) <i>[Nombre de Esposa/Pareja (Inscrito en el acta de nacimiento o de soltera)]</i>		Exact Date of Event <i>(Fecha Exacta del Evento)</i>
	Place of Event (City, Town) <i>[Lugar del Evento (Ciudad, Pueblo)]</i>		County <i>(Condado)</i>
<input type="checkbox"/> <b>DEATH</b> <i>(DEFUNCIÓN)</i>	Name of Deceased Individual ( <i>Nombre del Fallecido</i> )		
	Exact Date of Death ( <i>Fecha Exacta del Evento</i> )		No. Requested Copies ( <i>No. de Copias</i> )
	Place of Event (City/Town) <i>[Lugar del Evento (Ciudad, Pueblo)]</i>		County <i>(Condado)</i>
	Full Name of Deceased Individual's Parent A <i>(List name given at birth or on birth certificate/Maiden name)</i> <i>[Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento o de soltera)]</i>		Full Name of Deceased Individual's Parent B <i>(List name given at birth or on birth certificate/Maiden name)</i> <i>[Nombre completo de Padre/Madre B (Inscrito en el acta de nacimiento o de soltera)]</i>

**Application Checklist: Have you enclosed and completed all required information?**

*(Lista Comprobada: ¿A Usted Incluido y Completado Toda la Información Requerida en la Aplicación?)*

- |   |   |  |   |   |
|---|---|--|---|---|
| <input type="checkbox"/> All Items on Application<br><i>(Todo Articulos en la Aplicación)</i> | <input type="checkbox"/> Payment<br><i>(Pago)</i> | <input type="checkbox"/> Acceptable Forms of ID<br><i>(Identificación Aceptable)</i> | <input type="checkbox"/> Proof of Relationship<br><i>(Prueba de Parentesco)</i> | <input type="checkbox"/> Mailing Address Matches ID<br><i>(Dirección Postal Coincidente con ID)</i> |
|---|---|--|---|---|

**FOR OFFICIAL 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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PLEASE NOTE: ID is required to obtain vital records. Acceptable forms of ID are:

- A valid photo driver's or non-driver's license with your current address.
- OR
- **Two** alternate forms of ID, one of which must have your current address

Alternate forms of ID are:

- Vehicle registration
- Vehicle insurance card
- US/Foreign Passport
- Voter registration
- Permanent Resident card/Immigrant visa
- Federal/State ID
- County ID
- School ID
- W-2 for current/previous tax year
- Utility bill/bank statement (within the last 90 days)

You must show proof of relationship when requesting a vital record. For example, if applying for your parent's death certificate, you must show valid ID, along with your birth certificate showing your parent on the record. If your ID shows a married name that will not match your birth record, we must also see your marriage certificate. Please call us for any clarifications needed on how to show proof of relationship.

People who are homeless can have a social worker or the coordinator of the homeless shelter where they are temporarily residing submit a request on behalf of the homeless person. The request must be on their agency letterhead and provide the identifying information on the homeless person's vital record. The request must be accompanied by proof of employment by the agency and valid identification. The resulting copy of the vital record will be mailed to the agency.

People who are incarcerated can provide legal imprisonment, conviction papers or release documents that include the name, social security number and all possible aliases used in the past or identification from a prison/probation official.

Mail request to:

Registrar, Township of Freehold  
1 Municipal Plaza  
Freehold, NJ 07728

The request must be accompanied by the following:

**Fee - \$13.00 per copy**

**Check or Money Order – Do Not Send Cash in Mail – Payable to Freehold Twp.**

Copy of ID

Self-addressed stamped envelope