

APPLICATION FOR Certified Copy of Vital Record

City of Somers Point, 1 W. New Jersey Ave.

Phone: 609-927-9088

Somers Point, NJ 08244

Fax: 609-926-3016

	YOUR Relationship to individual on requested record:	Purpose Needed	
Your Name	<input type="checkbox"/> Self <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Fun. Dir. <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Rep. <input type="checkbox"/> Other _____	<input type="checkbox"/> Passport <input type="checkbox"/> School/Sports <input type="checkbox"/> SS.Card <input type="checkbox"/> SS Disability <input type="checkbox"/> Other SS Ben. <input type="checkbox"/> Veteran Ben. <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Genealogy <input type="checkbox"/> Motor Veh. <input type="checkbox"/> Other	
Your Address			
City State Zip Code			
Signature			
Telephone Number	Date of Application		
B I R T H	Full Name at time of Birth		
	First	Middle	
	Last		
	Date of Birth:	Number of Copies Requested:	If name was changed, indicate new name and how it was changed:
	Month Day Year		
Mother's Full MAIDEN Name		Father's Full Name (If on birth record)	
First	Middle	Last	
> C H E C K O N E	<input type="checkbox"/> MARRIAGE <input type="checkbox"/> DOMESTIC PARTNERSHIP <input type="checkbox"/> CIVIL UNION		
	Name of Husband/Partner A	Maiden Name of Wife/Partner B	
	First	Middle	
	Last		
	First	Middle	
Last			
Date of Marriage/Domestic Partnership/Civil Union		Number of Copies Requested:	
Month	Day	Year	
D E A T H	Name of Deceased:		
	Number of Copies Requested:		
	First	Middle	
	Last		
	First	Middle	
Last			
Mother's Maiden Name		Father's Name (If recorded on record)	
First	Middle	Last	
Payment Amount:	ID Viewed:	Processed By:	

A **Certification** of a vital record event is issued to those individuals with a distant or no relationship to the individual(s) listed on the vital record. It is issued for informational purposes only and **cannot be used for legal or identification purposes.**

A **Certified Copy** of a vital record is issued to those individuals who have a direct link to the individual(s) named on the vital record event, provided that the requestor is able to identify the vital record. A Certified Copy will contain the raised seal and can be used for legal or identification purposes.

Regulations allow only the following individuals to obtain a Certified Copy of a record:

Subject, Subject's parent, Legal guardian, Legal representative, Subject's spouse, Subject's Child, Subject's grandchild, Subject's sibling, or Commissioner. Grandparents are not permitted to obtain their grandchildren's records without a letter from one of the parents specifically giving permission to the grandparent to obtain the record and supplying a copy of required ID of the parent & grandparent.

ID Required

Photo ID showing current address, or Photo ID without address and one other form of ID Showing current address **(No P.O. Box addresses accepted for applications by mail), or**

Two alternate forms of ID showing current address. (Alternate ID would include Non-photo Drivers License, Vehicle Registration, Insurance Card, Voter Registration Card, Passport, Green Card, County ID, School ID, Utility Bill (s). Certificate will be sent to the address on the ID.

Fees

- | | |
|--|---|
| Birth /Certified Copy - \$20.00 each | Additional copies of same birth record - \$10.00 each |
| Death /Certified Copy - \$10.00 each | Marriage/Certified Copy - \$10.00 each |
| Domestic Partnership/Certified Copy - \$10.00 each | Civil Union/Certified Copy - \$10.00 each |

Applications by Mail

Complete application and include a photocopy of ID, Fee payable to City of Somers Point (no personal checks if out of state) and self-addressed, stamped envelope. Please Mail to: City Clerk's Office, 1 W. New Jersey Avenue, Somers Point, NJ 08244.

Applications in Person

Birth Certificates only issued on MONDAY, WEDNESDAY & FRIDAY from 9:00 a.m. to 12:00 noon.

Complete application and bring required ID & Fee.

Other records can be picked up Monday through Friday, 1:00 p.m. through 5:00 p.m. Complete application and bring required ID & Fee.

****CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION ON DEATH RECORD****

NJSA26: 5C-12 provides that the following individuals may consent to the disclosure of confidential information (Cause of death) on a death certificate:

1. An executor or administrator of the estate, or Authorized representative of the deceased person.
2. Deceased person's spouse or Deceased person's primary care taking partner.
3. If neither in 2 above, another member of the deceased person's family.
4. Funeral Director.

To: Registrar of Vital Statistics, Somers Point, New Jersey

This is to certify that I am the _____ of _____ who died in Somers Point, New Jersey on _____.
(Relationship to deceased) (Name of deceased)

I am qualified to give consent for disclosure to the death record as provided by NJSA26: 5C-12 and hereby
(Date/Death)

request the Registrar of Vital Statistics to issue said death certificate showing the confidential information.

Signature

Address