



Township of Commercial

1768 Main Street • Port Norris, New Jersey 08349
(856) 785-3100 • Fax: (856) 785-9420

RONALD SUTTON, SR.
Mayor

FLETCHER JAMISON
Deputy Mayor

MIKE VIZZARD
Committeeman

HANNAH E. NICHOLS
Township Clerk

Dear Applicant:

You have requested an application for a vital statistics record. Since 911 the State of New Jersey has put in place the following regulations and requirements in order for you to obtain a certified copy of this vital record. The following stipulations must be met:

1. Fill in **ALL** items to the record you are requesting.
2. Make sure you fill out your **CURRENT** name and address.
3. You must include copies of either one form of identification if it is:
 - a. Valid Driver's License
 - b. Photo Non-Driver's License (Issued from DMV)
 - c. Valid Driver's License without a photo **AND** an alternate form of identification
- OR**
4. You must include copies of **TWO** alternate forms of identification which can be from the following list:
 - a. Vehicle Registration
 - b. Vehicle Insurance Card
 - c. Voter Registration
 - d. Passport
 - e. Green Card
 - f. County ID
 - g. School ID
 - h. Utility Bill (within 90 days)
 - i. Bank Statement (within 90 days)
 - j. Tax Return for current or previous year
 - k. Court Order – No Subpoenas
5. Make check or money order payable to Commercial Township in the amount of \$10.00 for each copy that you are requesting.
6. Return the application, required identification and payment to:

Registrar of Vital Statistics
Township of Commercial
1768 Main Street
Port Norris, NJ 08349
7. Any questions you may call 856-785-3100, Ext. 310 or 311.

Registrar of Vital Statistics

Small Town Charm Along the Scenic Maurice River

**APPLICATION FOR A NON-GENEALOGICAL
 CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD**

<input type="checkbox"/> Certified Copy <input type="checkbox"/> Certified Copy for an Apostille Seal <input type="checkbox"/> Certification	Requestor's Relationship to Person on Record <i>(proof is required for certified copy)</i>	Requestor's Signature _____ Date (of request) / /
Name of Requestor First _____ Middle _____ Last _____		Reasons for Request <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> School / Sports <input type="checkbox"/> Veterans' Benefits <input type="checkbox"/> Social Security Card / Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare / Disability <input type="checkbox"/> Other: _____
Current Mailing Address <i>(must match address on ID)</i> Street _____ City _____ State _____ Zip Code _____		
Email Address _____ @ _____ . _____	Daytime Phone Number () - _____	

<input type="checkbox"/> BIRTH			
Child's Name at Birth	First _____ Middle _____	Last _____	
No. Requested Copies	Place of Birth City _____ State _____	County	Date of Birth / /
Name of Child's Parents <i>(name given at birth or on birth certificate / Maiden Name)</i>			
Parent A	First _____ Middle _____	Last _____	
Parent B	First _____ Middle _____	Last _____	
If Child's name was changed:			
New Name _____		Describe Change _____	

<input type="checkbox"/> MARRIAGE	<input type="checkbox"/> CIVIL UNION	<input type="checkbox"/> DOMESTIC PARTNERSHIP	
No. Requested Copies	Place of Event City _____ State _____	County	Date of Event / /
Name of Spouses <i>(name given at birth or on birth certificate / Maiden Name)</i>			
Spouse A	First _____ Middle _____	Last _____	
Spouse B	First _____ Middle _____	Last _____	

<input type="checkbox"/> DEATH			
Name of Decedent	First _____ Middle _____	Last _____	
No. Requested Copies	Place of Death City _____ State _____	County	Date of Death / /
Name of Decedent's Parents <i>(name given at birth or on birth certificate / Maiden Name)</i>			
Parent A	First _____ Middle _____	Last _____	
Parent B	First _____ Middle _____	Last _____	

Have you enclosed and completed all required information?

- | | |
|--|---|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Proof of Relationship |
| <input type="checkbox"/> Payment | <input type="checkbox"/> Acceptable Forms of ID |
| | <input type="checkbox"/> Mailing Address Matches ID |

FOR STATE USE ONLY			
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Amount: \$ _____	<input type="checkbox"/> ID Viewed	Processed By: _____

**INSTRUCTIONS FOR OBTAINING
 A COPY OF NON-GENEALOGICAL VITAL RECORDS**

- **Non-Genealogical Records** are births occurring within the last 80 years or if the individual is still living, marriages occurring within the last 50 years, deaths occurring within the last 40 years and all civil union and domestic partnership records.
- **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.
- **Certifications** are issued on plain paper with no seal and clearly indicate they are not valid for establishing identity or for legal purposes. Certifications are generally useful for genealogy. Certifications of death records do not contain the Social Security Number or the Cause of Death medical terminology.
- **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.

An Apostille Seal can only be obtained by first requesting certified copy of the vital record from the State Office of Vital Statistics and Registry. **You would then forward this document to the New Jersey Department of Treasury, which issues the Apostille Seal.** Additional information is available at: <http://www.state.nj.us/treasury/revenue/apostilles.shtml>.

Applications for a certification or certified copy of a **Non-Genealogical** record **require** the applicant to provide a completed application, valid proof of identity¹, payment of the fee and, if requesting a certified copy, 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
- requesting pursuant to a court order.

To request a certified copy of a Certificate of Birth Resulting in Stillbirth, use form REG-68, which is available on the New Jersey Department of Health website at: <http://nj.gov/health/vital/registration-vital/stillbirth/>.

<p>Location Address:</p> <p style="text-align: center;">Township of Commercial 1768 Main St. Port Norris, NJ 08349</p>	<p>Hours of Operation:</p> <p style="text-align: center;">8:00 AM - 4:00 PM Monday - Friday</p>
<p>Mailing Address:</p> <p style="text-align: center;">Township of Commercial Registrar of Vital Statistics 1768 Main St. Port Norris, NJ 08349</p>	<p>Fees:</p> <p>Certified Copy \$10.00</p>

¹ 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 for current or previous year. Requests for records to be mailed to an address other than that which appears on the requestor's ID must be accompanied by a notarized letter which includes A) the alternate address, and B) a written request to mail records to this alternate address.