

**BOROUGH OF STONE HARBOR**  
Local Registrar's Office  
9508 Second Avenue Stone Harbor, NJ 08247 – (609) 368-6800

**Instructions for Ordering Certified Copies of a Vital Record – \$10.00 per copy**

**To get a copy of a vital record, you must submit, either in person or by mail:**

- A completed application; all information identifying the record must be accurately identified in the application or no record can be provided
- Valid identification with current address (see below) which must match the address on the application
- The correct fee
- Proof of your relationship to the person listed on the vital record (see below)

**Acceptable Forms of Identification:**

- Valid photo driver's license or photo non-driver's license
- Valid driver's license without photo and an alternate form of ID with current address, such as US/Foreign passport, vehicle registration card, voter registration card, immigrant visa, utility bill or bank statement (within last 3 months).

**To establish proof of relationship for...**

- Your own record – valid ID is acceptable as long as your name matches; if your name has changed, then you must provide proof linking your current name to that shown on the record
- A spouse/civil union partner – provide a copy of your marriage/civil union certificate
- A parent's or sibling's record – provide a copy of your birth certification with your parents' name
- A child's record – provide a copy of your child's birth certificate which shows your name
- A grandparent's record – provide your birth certification to identify your parent; also a copy of your parent's birth certificate to identify the grandparent; if your name has changed – provide a copy of your marriage/civil union certificate or legal name change to show your name at birth.

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

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

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

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

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

- **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 identity<sup>1</sup>, 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/>.

<b>Location Address:</b>  Stone Harbor Borough Vital Statistics and Registry 9508 Second Avenue Stone Harbor, NJ 08247	<b>Hours of Operation:</b>  8:30 AM- 4 PM Monday- Friday
<b>Mailing Address:</b>  Stone Harbor Borough Vitals Stastics and Registry 9508 Second Avenue Stone Harbor, NJ 08247	<b>Fees:</b>  \$10 / per 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 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.