

**TOWNSHIP OF BRICK  
OFFICE OF VITAL STATISTICS  
401 CHAMBERS BRIDGE ROAD, BRICK, NJ 08723**

732-262-1001

**\$10.00 PER COPY**

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

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

**Application Checklist: 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 Artículos en la Aplicación)    
  Payment (Pagó)    
  Acceptable Forms of ID (Identificación Aceptable)    
  Proof of Relationship (Prueba de Parentesco)    
  Mailing Address Matches ID (Dirección Postal Coincidente con ID)

**FOR OFFICIAL USE ONLY**

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input checked="" type="checkbox"/> <b>CREDIT</b> <input type="checkbox"/> Waived	Payment Amount: \$	ID Viewed:	Processed By
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**BIRTH/MARRIAGE/DEATH CERTIFIED COPIES – COMPLETE APPLICATION AND:**

**ACCEPTABLE FORMS OF ID:**

- A current, valid photo driver's license or photo non-driver's license with current address.

OR

- A current, valid driver's license without photo & one (1) alternate form of ID with current address.

OR

- Two (2) alternate forms of ID, one of which must have current address.

Alternate forms of ID are:

- Vehicle registration
- Vehicle insurance card
- Voter registration
- US/Foreign Passport
- Immigrant Visa
- Permanent Resident Card (Green card)
- Federal/State ID
- County ID
- School ID
- Bank Statement (within previous 90 days)
- Utility bill (within the previous 90 days)
- Tax Return or W-2 for current/previous tax year
- Hospital Discharge Papers from time of birth (only acceptable if child is under 1 year of age)

**PROOF OF RELATIONSHIP TO THE SUBJECT ON THE RECORD-**

To get a **certified copy** of a person's vital record, you must provide proof of your relationship to the person listed on the record **and** the proof must establish you are one of the following:

- The subject of the record
- The subject's parent, legal guardian or legal representative
- The subject's spouse/civil union partner; child, grandchild or sibling, if of legal age
- A state or federal agency for official purposes
- Pursuant to court order

**You must establish that you are the subject's relative by providing proof that links the name on your ID to the name of the subject on record.**

**For example:** If you changed your last name after marriage and want a grandparent's vital record, you must:

1. Provide your birth certificate to identify your parent,
2. Provide your marriage certificate to show your name at birth compared to your current name, and
3. Provide your parent's birth certificate to identify the grandparent.

**3<sup>rd</sup> Party Representatives (Lawyer, Accountant, Etc) or Non-Eligible Persons:**

- a. Provide legal documentation (Surrogate's Certificate, court order, etc.)
- or
- b. A Notarized Letter from the eligible person allowing the certificates to be released to 3<sup>rd</sup> party (acceptable identification is still needed from eligible person).