

CITY OF LINDEN - CITY CLERK'S OFFICE
301 North Wood Avenue, Linden, NJ 07036
(908)474-8452

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 Certified Copy . (Quiero una copia certificada.) <input type="checkbox"/> I would like a Certification . (Quiero una certificación.) Documents in need of an Apostille Seal 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.))	
Current Mailing Address (Must Match address on ID) (Dirección Postal (Debe coincidir con identificación))		Reasons for Request: (Motivo de solicitud)	
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"/> 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) _____	

<input type="checkbox"/> BIRTH (NACIMIENTO)	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))	County (Condado)	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"/> MARRIAGE (MATRIMONIO) <input type="checkbox"/> CIVIL UNION (UNIÓN CIVIL) <input type="checkbox"/> DOMESTIC PARTNERSHIP (SOCIEDAD DOMÉSTICA)	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))		County (Condado)
<input type="checkbox"/> DEATH (DEFUNCIÓN)	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))		County (Condado)
	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 (Pago)
 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 type="checkbox"/> Waived	Payment Amount: \$ _____	ID Viewed:	Processed By
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You must provide acceptable ID in order to get a copy of any vital record. Copies of vital records must be mailed to the address listed on your identification.

The following are 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 and one alternate form of ID with current address
OR

Two 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

if you are looking for a **certified copy** of

- your own birth certificate and you have assumed your spouse's/civil union partner's surname, you must provide a copy of the certified copy of your marriage/civil union certificate to link the name on your current ID to the name on your birth certificate.
- your child's birth certificate, you don't need any additional documents.
- your spouse's/civil union partner's birth certificate, you must provide a copy of your marriage/civil union certificate.
- your parent's or sibling's vital record, you must provide a copy of your birth certificate.

if you have assumed your spouse's/civil union partner's last name you must also provide a copy of your marriage/civil union certificate to link the name on your current ID to the name on your birth certificate.

- your grandparent's vital record

you must establish that you are the person's grandchild by providing proof that links the name on your ID to the name of the grandparent.

For example, if you changed your last name after marriage/civil union and want a grandparent's vital record, you must:

1. Provide your marriage/civil union certificate to show your name at birth,
2. provide your birth certificate to identify your parent, and
3. provide the parent's birth certificate to identify the grandparent.

if you are **not** a person qualified to get a **certified copy** of a record

- but you are **helping** a person receive a certified copy of a vital record they are eligible to receive

you must show your valid ID and a notarized, written release authorizing you to get the record on that person's behalf OR, you can supply a written release from the person you are helping along with a copy of that person's valid photo ID.