



## EAST AMWELL TOWNSHIP VITAL STATISTICS DOCUMENT REQUEST FORM (Please Print)

**APPLICATION FOR A GENEALOGICAL CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD  
APLICACIÓN POR UNA COPIA CERTIFICADA Ó CERTIFICACIONES DE UN REGISTRO CIVIL ANCESTRO**

<input 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 Apostille Seal must be obtained from the State. (Registros que necesitan un Sello de Apostille, deben ser obtenidos por la Oficina Estatal.)			If available, I prefer the format of the certified copy to be: (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"/> Genealogy (Ancestral) <input type="checkbox"/> Dual Citizenship (Doble Ciudadanía) <input type="checkbox"/> Estate Matters (Cuestiones de Herencia) <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>  (over 80 years ago) (más de 80 años)	Full Name of Child at Time of Birth (Nombre Completo al Nacer)		No. Requested Copies (No. de Copias)	
	Place of Birth (City, Town) (Optional) [Lugar de Nacimiento (Ciudad, Pueblo)]		County (Condado)	
	Child's Mother's Full Maiden Name (Optional) (Nombre completo de soltera de la Madre)		Child's Father's Name (Optional) (Nombre del Padre)	
	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>  (over 50 years ago) (más de 50 años)	Name of Husband (Nombre de Esposo)		No. Requested Copies (No. de Copias)	
	Maiden Name of Wife (Nombre Soltera de Esposa)		Date of Event or Year(s) to be searched (Fecha del Evento ó años de búsqueda)	
	Place of Event (City, Town) (Optional) [Lugar del Evento (Ciudad, Pueblo)]		County (Condado)	
<input type="checkbox"/> <b>DEATH (DEFUNCIÓN)</b>  (over 40 years ago) (más de 40 años)	Name of Deceased (Nombre del Fallecido)		No. Requested Copies (No. de Copias)	
	Place of Event (City/Town) (Optional) [Lugar del Evento (Ciudad, pueblo)]		County (Condado)	
	Maiden Name of Deceased Individual's Mother (Optional) (Nombre Soltera de la Madre)		Name of Deceased Individual's Father (Optional) (Nombre del Padre)	

**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)

REG-38  
SEP 09

FOR OFFICIAL USE ONLY			
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check		Payment Amount: \$	ID Viewed:
			Processed By

**\*\* Please Note: See reverse side for ID required.**

The following **must** be sent with your request form:

- all required copies of ID for proof of identity
- the correct fees
- copies of documents proving your relationship to the person named on the record, **if you are ordering a certified copy**

**Your Request Form will be returned if you do not send in all required documentation.**

You must identify the record by providing the following required information, if you provide the optional information it may assist us in locating the record.

**Required Information:**

- Full name on the record
- City or county where the event occurred
- Year the event occurred

**Optional Information:**

- Exact Date of Event
- Mother's maiden Name
- Father's Name
- Social security Number (deaths only)

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.

- 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 \_\_\_\_\_

**\*\* Please mail the Request Form, Copy of ID required, Payment (\$10.00 for each certificate) and a Self-Addressed Stamped Envelope to:**

**East Amwell Township Registrar  
1070 Route 202/31  
Ringoos, NJ 08551**