

**CITY OF HACKENSACK - DEPARTMENT OF HEALTH  
215 STATE ST. HACKENSACK, NJ 07601**

APPLICATION FOR A *CERTIFICATION* OR A *CERTIFIED COPY* OF A VITAL RECORD

A Certification of a vital record event is issued to those individuals with a distant or no relationship to the individual(s) listed on the vital record. It is issued for informational purposes only and cannot be used for legal or identification purposes.

A Certified Copy of a vital record event is issued to those individuals who have a direct link to the individual(s) named on the vital record event, as identified in Governor McGreevey's Executive Order 18, provided that the requestor is able to identify the vital record and establish their identity. A Certified Copy will contain the raised Great Seal of the City of Hackensack and can be used for legal or identification purposes.

PLEASE TYPE OR PRINT CLEARLY! ALL ITEMS ARE REQUIRED UNLESS NOTED OTHERWISE. \* PROOF OF IDENTITY IS REQUIRED. MAKE YOUR MONEY ORDER PAYABLE TO "CITY OF HACKENSACK." DO NOT MAIL CASH.

Name of Applicant		Relationship to Person Named On Requested Record		Why is record being requested? <input type="checkbox"/> Passport <input type="checkbox"/> Driver License <input type="checkbox"/> School/Sports <input type="checkbox"/> Social Security Card <input type="checkbox"/> Soc. Sec. Disability <input type="checkbox"/> Other Soc. Sec. Benefits <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Genealogy <input type="checkbox"/> Other: _____
Street Address				
City	State	Zip Code	Telephone Number	
Signature of Applicant		Date of Application		
B I R T H	Full Name (first - middle - last) of Child at Time of Birth			No. of Copies Requested
	Place of Birth (City, Town or Township) <b>HACKENSACK</b>		County <b>BERGEN</b>	
	Exact Date of Birth	Name of Hospital (Optional) <b>HACKENSACK UNIVERSITY MEDICAL CENTER</b>		
	Mother's Full (first - middle - last) Maiden Name		Father's Full (first - middle - last) Name (if recorded on the record)	
	If Child's Name Was Changed, Indicate New Name and How It Was Changed			

**DO NOT** use this form to request a Certified Copy of a Certificate of Birth Resulting in Stillbirth. Use form REG-68 which is available on the Department's website at: [www.state.nj.us/health/vital/vital.shtml](http://www.state.nj.us/health/vital/vital.shtml). Follow the instructions carefully.

M A R R I A G E	Full Name (first - middle - last) of Husband		No. of Copies Requested
	Full Maiden Name (first - middle last) of Wife		Exact Date of Marriage
	Place of Marriage (City, Town or Township) <b>HACKENSACK</b>		County <b>BERGEN</b>
D O M E S T I C P A R T N E R S H I P	Full Name (first - middle - last) of Partner		No. of Copies Requested
	Full Name (first - middle - last) of Partner		Exact Date Registered
	Place Where Domestic Partnership Registered (City, Town or Township) <b>HACKENSACK</b>		County <b>BERGEN</b>
D E A T H	Full Name (first - middle - last) of Deceased		No. of Copies Requested
	Exact Date of Death	Place of Death (City, Town or Township) <b>HACKENSACK</b>	County <b>BERGEN</b>
	Mother's Full (first - middle- last) Maiden Name		Father's Full Name (first - middle - last) (if recorded on the record)

\* Births occurring over 80 years ago, marriages occurring over 50 years ago and deaths occurring over 40 years ago are considered genealogical and therefore exact information is not required. You may provide only the name of the individual recorded on the vital record, the municipality where the event occurred and the year the event occurred. Multiple years may be searched at a fee of \$2.00 per additional year searched.

REG-3  
MAY 04

FOR STATE 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:

**Fees: \$15.00 for one copy and \$10.00 for each additional copy of the same record.**