

Borough of Bradley Beach Vital Statistics and Registration
701 Main Street
Bradley Beach, NJ 07720

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.)		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.)]	
Current Mailing Address (Must Match address on ID) [Dirección Postal (Debe coincidir con identificación)]		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)	
City (Ciudad)	State (Estado)		
Applicant's Signature (Firma del Apicante)		Date of Application (Fecha)	

<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)
	Child's Mother's Full Maiden Name (Nombre completo de soltera de la Madre)		Child's Father's Name (if on record) [Nombre del Padre (si esta registrado)]
	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)	Name of Husband/ Partner (Nombre de Esposo/Pareja)		No. Requested Copies (No. de Copias)
	Maiden Name of Wife/ Partner (Nombre Soltera de Esposa/Pareja)		Exact Date of Event (Fecha Exacta del Evento)
	Place of Event (City, Town) [Lugar del Evento (Ciudad, Pueblo)]		County (Condado)
<input type="checkbox"/> CIVIL UNION (UNIÓN CIVIL)			
<input type="checkbox"/> DOMESTIC PARTNERSHIP (SOCIEDAD DOMÉSTICA)			
<input type="checkbox"/> DEATH (DEFUNCIÓN)	Name of Deceased (Nombre del Fallecido)		Social Security Number (See Note) [Numero de Seguro Social (Ver Indice)]
	Exact Date of Death (Fecha Exacta del Evento)		Place of Event (City/Town) [Lugar del Evento (Ciudad, pueblo)]
	Maiden Name of Deceased Individual's Mother (Nombre Soltera de la Madre)		Name of Deceased Individual's Father (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 Articulos 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

Borough of Bradley Beach Vital Statistics and Registration
APPLICATION FOR A CERTIFICATION OR A CERTIFIED COPY OF A VITAL RECORD

Fees: \$10.00 per Certified Copy of a Vital Record

PLEASE TYPE OR PRINT CLEARLY! ALL ITEMS ARE REQUIRED UNLESS NOTED OTHERWISE.* PROOF OF IDENTITY IS REQUIRED. MAKE CHECK OR MONEY ORDER PAYABLE TO "BOROUGH OF BRADLEY BEACH". DO NOT MAIL CASH.

To obtain a copy of a vital record, the event must have occurred in the Borough of Bradley Beach. If you are requesting a certification (an informational copy of a vital record not valid for legal purposes) you do **not** need to provide proof of relationship. If you are requesting a **certified copy**, proof of relationship is required that establishes you are: 1) The subject of the record 2) The subject's parent, legal guardian or legal representative 3) The subject's spouse/civil union partner/domestic partner; child, grandchild or sibling, if of legal age 4) A state or federal agency for official purposes 5) pursuant to court order.

For an application for a vital record to be processed, please complete the application and return it with the following: 1) Copy of photo ID showing address, or photo ID without address and **one** ID with address, or 2 alternate forms of ID with address (must be same address on both ID's). Please note that the certified copies will only be mailed to the address shown on the identification. 2) If you are not an immediate relative of the person(s), i.e. spouse, parent, child, grandchild, sibling, named on the vital record, you must provide a copy of the document appointing you as the legal guardian or legal representative or a copy of a Court Order or Subpoena.

ADDRESS YOUR ENVELOPE TO:

Registrar of Vital Statistics
Borough of Bradley Beach
701 Main Street
Bradley Beach, NJ 07720

Phone 732 776-2999 ext 29 or 11

Acceptable Forms of Identification

A valid photo driver's license or photo non-driver's license

Or

A valid driver's license with photo and an alternate form of ID with current address

Or

Two alternate forms of ID with current address

Alternate Forms of ID:

Vehicle registration

Insurance card

Voter registration

Passport

Green Card

County ID

School ID

Utility bill (within the previous 90 days)

Bank Statement (within the previous 90 days)

Tax Return for current or previous year

Additional information is on following pages

VITAL RECORDS ARE NEVER FAXED. Your certified record request will be sent via regular mail unless you make other arrangements with our office.

State Office of Vital Statistics: <http://www.state.nj.us/health/vital>