

**INSTRUCTIONS FOR MAILING A REQUEST FOR:**  
**BIRTH, MARRIAGE OR DEATH CERTIFICATE**

PLEASE FILL OUT THE ATTACHED REQUEST FORM, TOP SECTION(APPLICANT), AS WELL AS THE SPECIFIC CERTIFICATE YOU ARE REQUESTING, I.E., BIRTH, MARRIAGE, OR DEATH SECTION.

IMPORTANT -- INCLUDE A COPY OF YOUR IDENTIFICATION WITH YOUR CURRENT MAILING ADDRESS:

**VALID FORMS OF ID ARE:**

- VALID PHOTO DRIVER'S LICENSE WITH CURRENT MAILING ADDRESS

OR

- TWO ALTERNATIVE FORMS OF IDENTIFICATION WITH CURRENT MAILING ADDRESS(SEE BELOW)

**ALTERNATE FORMS OF ID: A COPY FROM TWO SEPARATE SOURCES, WITHIN THE LAST 60 DAYS IS NECESSARY FOR THE FOLLOWING TYPES OF ID:**

- |  |                              |
|--|------------------------------|
| • UTILITY BILL, PHONE BILL, BANK STATEMENT, TAX RETURN | • RESIDENT GREEN CARD        |
| • NON-PHOTO DRIVER'S LICENSE                           | • COUNTY IDENTIFICATION      |
| • VEHICLE REGISTRATION                                 | • VEHICLE INSURANCE CARD     |
| • GOVERNMENT ISSUED PASSPORT                           | • SCHOOL IDENTIFICATION CARD |

**NOTE: IF YOUR NAME CHANGED DUE TO MARRIAGE, PLEASE INCLUDE A COPY OF YOUR MARRIAGE CERTIFICATE SHOWING YOUR MAIDEN (BIRTH) NAME.**

**DEATH RECORD REQUESTS REQUIRES PROOF OF RELATIONSHIP EITHER THROUGH BIRTH OR MARRIAGE.**

**ALL MUST HAVE CURRENT MAILING ADDRESS**

- INCLUDE THE FEE OF \$20.00 FOR INITIAL COPY; \$5.00 FOR EACH ADDITIONAL COPY OF SAME RECORD REQUESTED AT SAME TIME, IN CASH, CHECK OR MONEY ORDER (MADE PAYABLE: TOWN OF NEWTON)
- INCLUDE A SELF-ADDRESSED-STAMPED ENVELOPE FOR THE VITAL RECORD TO BE MAILED BACK TO YOU.
- MAIL ALL TO: TOWN OF NEWTON, VITAL STATISTICS, 39 TRINITY STREET, NEWTON, NJ 07860

**IF MAILED, PLEASE ALLOW 1-2 WEEKS FOR PROCESSING**

YOUR VITAL RECORD REQUEST CANNOT BE PROCESSED WITHOUT THE ITEMS NOTED ON THIS INFORMATION SHEET.



# TOWN OF NEWTON

BUREAU OF VITAL STATISTICS  
 39 Trinity Street, Newton, NJ 07860  
 Tel. (973) 383-3521 x221 / Fax (973) 300-1208

Request for a certified copy of a VITAL RECORD: **\$20.00 for initial copy;**  
**\$5.00 for each additional copy of same record requested at the same time.**

(Cash, Money Order or Check Payable to "Town of Newton")

\*\*Identification of the Requestor **MUST** be presented\*\*

If applying by mail the only accepted payment is Money Order payable to "Town of Newton". Submission must include: a copy of photo ID showing address or Photo ID without address and one (1) other form of ID showing shipping address, or two (2) alternate forms of ID showing shipping address. We will only ship to the address on your ID.

Name of Applicant (Nombre de Apicante)			Relationship to person on record (Proof is required if certified copy is requested) Relación al individuo (Prueba es requerida para copia certificada solicitada)		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 Publica) <input type="checkbox"/> Other (Otro)
Current Mailing Address (Must Match address on ID) (Dirección actual (debe coincidir con la dirección de ID))					
City (Ciudad)	State (Estado)	Zip Code (Codigo Postal)	Daytime Telephone Number Número de teléfono durante el día		
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 (La madre del niño Nombre completo de soltera)		Child's Father's Name (if on record) (Niño 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) <input type="checkbox"/> CIVIL UNION (UNION CIVIL) <input type="checkbox"/> DOMESTIC PARTNERSHIP (SOCIEDAD DOMESTICA)	Name of Husband/Partner (Nombre de Esposo / Pareja)		No. Requested Copies (No. de Copias)	
	Maiden Name of Wife/Partner (Nombre de soltera de la esposa / pareja)		Exact Date of Event (Fecha exacta del evento)	
	Place of Event (City, Town) (Lugar del Evento (Ciudad / Localidad))		County (Condado)	
<input type="checkbox"/> DEATH (DEFUNCION)	Name of Deceased (Nombre del fallecido)	Social Security Number (Número de Seguro Social)		No. Requested Copies (No. de Copias)
	Exact Date of Death (Fecha exacta de la muerte)	Place of Event (City/Town) (Lugar del Evento (Ciudad / Localidad))		County (Condado)
	Maiden Name of Deceased Individual's Mother (Nombre de soltera de la madre de la persona fallecida)		Name of Deceased Individual's Father (Nombre del padre persona fallecida)	

**Application Checklist: Have you enclosed and completed all required information?**

Lista de verificación de la aplicación: ¿Ha cerrado y completado toda la información requerida?

- All Items on Application (Todos los Artículos de Aplicación)    
  Payment (Pago)    
  Acceptable Forms of ID (Formas aceptables de identificación)    
  Proof of Relationship (Prueba de Parentesco)    
  Mailing Address Matches ID (Dirección Postal Coincidente con ID)