

**BOROUGH OF WATCHUNG  
15 MOUNTAIN BOULEVARD  
WATCHUNG, NJ 07069  
(908)756-0080**

**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 <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: (Prefero:) <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.)]	<b>Reasons for Request:</b> (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)
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"/> 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)  <input type="checkbox"/> CIVIL UNION (UNIÓN CIVIL)  <input type="checkbox"/> DOMESTIC PARTNERSHIP (SOCIEDAD DOMÉSTICA)	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"/> DEATH (DEFUNCIÓN)	Name of Deceased (Nombre del Fallecido)	Social Security Number (See Note) [Numero de Seguro Social (Ver Índice)]	No. Requested Copies (No. de Copias)
	Exact Date of Death (Fecha Exacta del Evento)	Place of Event (City/Town) [Lugar del Evento (Ciudad, pueblo)]	County (Condado)
	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?)

<input type="checkbox"/> All Items on Application (Todo Artículos en la Aplicación)	<input type="checkbox"/> Payment (Pago)	<input type="checkbox"/> Acceptable Forms of ID (Identificación Aceptable)	<input type="checkbox"/> Proof of Relationship (Prueba de Parentesco)	<input type="checkbox"/> Mailing Address Matches ID (Dirección Postal Coincidente con ID)
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FOR OFFICIAL USE ONLY			
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check	Payment Amount: \$	ID Viewed:	Processed By

## **Acceptable Forms of Identification**

Valid photo driver's license or photo non-driver's license with current address.

**OR**

Valid driver's license without photo and an alternate form of ID with current address.

**OR**

Two alternate forms of ID, one of which must show the current address.

### **Alternate Forms of ID:**

- Vehicle registration
- Vehicle insurance card
- Voter registration
- US/Foreign Passport
- Immigrant Visa
- Permanent Resident Card (Green card)
- Federal/State ID
- County ID
- School ID
- Utility bill (within the previous 90 days)
- Bank Statement (within previous 90 days)
- W-2 or tax return for current or previous year

People who are homeless can provide identification from a social worker or homeless shelter coordinator.

People who are incarcerated can provide legal imprisonment, conviction papers or release documents that include the name, social security number and all possible aliases used in the past or identification from a prison/probation official.

**Please do not send in original ID documents. Only copies are required.**