Mount Holly Township
Vital Statistics
23 Washington St
Mount Holly, NJ 08060

APPLICATION FOR A NON-GENEALOGICAL
CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD

☑ *Certified Copy*	**Requestor's Relationship to Person on Record** *(proof is required for certified copy)*	**Requestor's Signature** **Date** *(of request)* / /

Name of Requestor
(Individual requesting record)
First *Middle*
Last

Current Mailing Address (If you are applying via the mail, your address must match your ID)
Street
City *State* *Zip Code*

****Please make sure the above section is completed entirely, regardless if you are mailing in or picking up the record in person.****

Daytime Phone Number
( )

Mail In Requests: MONEY ORDER ONLY
In Person Visits: Cash, Card or Money Order
NO PERSONAL CHECKS

Fee: $25.00 for one copy
Additional copies: $10.00 each
MAX OF 5 COPIES PER VISIT

Please circle the amount of certificates you are requesting in the Birth, Marriage or Death section below.

☐ BIRTH - please only complete this section if you are requesting a Birth Certificate.

Name at Birth	*First*	*Middle*	*Last*	
Circle the Amount of Certificates Requested: 1 2 3 4 5	**Place of Birth** *City* Mount Holly Twp *State* NJ		**County** Burlington	**Date of Birth** :mm/dd/yyyy / /

Name of Child's Parents *(name given at birth or on birth certificate / Maiden Name)*

Parent A *First* *Middle* *Last*

Parent B *First* *Middle* *Last*

If Child's name was changed:
New Name *Describe Change*

☐ MARRIAGE - please only complete this section if you are requesting a Marriage Certificate.

Circle the Amount of Certificates Requested: 1 2 3 4 5	**Place of Event** *City* Mount Holly Twp *State* NJ	**County** Burlington	**Date of Event** :mm/dd/yyyy / /

Name of Spouses *(name given at birth or on birth certificate / Maiden Name)*

Spouse A *First* *Middle* *Last*

Spouse B *First* *Middle* *Last*

☐ DEATH - please only complete this section if you are requesting a Death Certificate.

Name of Decedent	*First*	*Middle*	*Last*	
Circle the Amount of Certificates Requested: 1 2 3 4 5	**Place of Death** *City* Mount Holly Twp *State* NJ		**County** Burlington	**Date of Death** : mm/dd/yyyy / /

Name of Decedent's Parents *(name given at birth or on birth certificate / Maiden Name)*

Parent A *First* *Middle* *Last*

Parent B *First* *Middle* *Last*

PLEASE COMPLETE THE ENTIRE SECTION FOR THE RECORD YOU ARE REQUESTING!!

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INSTRUCTIONS FOR OBTAINING A COPY OF *NON-GENEALOGICAL* VITAL RECORDS

- **Non-Genealogical Records** are births occurring within the last 80 years or if the individual is still living, marriages occurring within the last 50 years, deaths occurring within the last 40 years and all civil union and domestic partnership records.
- **Certified Copies** have the raised seal of the office issuing the record and are always issued on State of New Jersey safety paper. Certified copies may be used to establish identity and are legal documents.
- **Certifications** are issued on plain paper with no seal and clearly indicate they are not valid for establishing identity or for legal purposes. Certifications are generally useful for genealogy. Certifications of death records do not contain the Social Security Number or the Cause of Death medical terminology.
- **Apostille Seal** – An Apostille Seal is an additional seal required for certain certified records that will be presented to a foreign government that is a member of the Hague Treaty. The seal is often required on documents for international adoptions or establishing dual citizenship. Contact the consulate of the country involved to determine if you need an Apostille Seal.

  An Apostille Seal can only be obtained by first requesting certified copy of the vital record from the State Office of Vital Statistics and Registry. **You would then forward this document to the New Jersey Department of Treasury, which issues the Apostille Seal.** Additional information is available at: http://www.state.nj.us/treasury/revenue/ apostilles.shtml.

Applications for a certification or certified copy of a Non-Genealogical record require the applicant to provide a completed application, valid proof of identity[1], payment of the fee and, if requesting a certified copy, proof that establishes you are:

- the subject of the record;
- the subject's parent, legal guardian or legal representative;
- the subject's spouse/civil union partner, domestic partner, child, grandchild or sibling, if of legal age;
- a state or federal agency for official purposes; or
- requesting pursuant to a court order.

To request a certified copy of a Certificate of Birth Resulting in Stillbirth, use form REG-68, which is available on the New Jersey Department of Health website at: http://nj.gov/health/vital/registration-vital/stillbirth/.

Location Address: Mount Holly Township Vital Statistics and Registry 23 Washington St, Mount Holly, NJ 08060	OFFICE HOURS FOR VITAL STATISTICS ARE: MONDAY: 9-5:30 TUESDAY - THURSDAY: 9-3 FRIDAY: CLOSED
Mailing Address: Mount Holly Township Vital Statistics and Registry PO Box 411, Mount Holly, NJ 08060	**Fees:** ALL COPIES OF A BIRTH, MARRIAGE & DEATH CERTIFICATES ARE $25 FOR ONE & $10 FOR EACH ADDITIONAL. MAX OF 5 COPIES PER VISIT PER STATE LAW.

[1] 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 (2) alternate forms of ID, one of which must show the current address. Alternate forms of ID are: vehicle registration, vehicle insurance card, voter registration, US/foreign passport, permanent resident card (green card), Immigrant Visa, Federal/State ID, county ID, school ID, utility bill (within the previous 90 days), bank statement (within previous 90 days) or W-2 for current or previous year. Requests for records to be mailed to an address other than that which appears on the requestor's ID must be accompanied by a notarized letter which includes A) the alternate address, and B) a written request to mail records to this alternate address.