

TOWNSHIP OF ANDOVER

Andover Township Office of the Registrar

134 Newton Sparta Road Newton, NJ 07860

Phone: 973-383-4280 x: 317

Email: kjespersen@andovertwp.org

Please use the attached form for requesting certified copies of vital records, held in the Andover Township's Registrar Office.

Complete the first section and the second pertaining to the vital record that you are requesting. Birth, Marriage or Death.

The fee for certified copies is \$15.00 EACH. For payment, we accept cash or checks made payable to 'Andover Township'. **We do not accept credit/debit card payments.**

Return the completed application form along with proof of address (a copy of photo ID such as a Driver's License) and payment to the address listed at the top of this letter.

If you should have any questions or concerns, please feel free to contact me at the number listed above.

Sincerely,

Kaitlin Jespersen Deputy Clerk/CMR

Andover Township Municipal Building Vital Statistics and Registry 134 Newton Sparta Road Newton, NJ 07860

APPLICATION FOR A <u>NON-GENEALOGICAL</u> CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD

☐ Certified Copy ☐ Certified Copy for an Apostille Seal		Requestor's Relationship to Person on Record (proof is required for certified copy)			Requestor's Signature	
☐ Certification				Date (of request) / /	
Name of Requestor				Reasons for R		
First	Middle			Passport Driver's		
Last				School /		
Current Mailing Address (must match address on ID) Veterans' Benefits Social Security Card / Benefits						
Street				Medicar		
City			Zip Code	Welfare / Disability		
Email Address			Daytime Phone Number	Other:		
	@ .		() -	į.		
BIRTH						
Child's Name at Birth	First		Middle	Last		
No. Requested Copies	Place of Birth			County	Date of Birth	
	City		State		1 /	
Name of Child's Parents (name given at birth or on birth certificate / Maiden Name)						
Parent A First		Middle	,	Last	7" 1	
Parent B First Middle Last						
If Child's name was changed: New Name Describe Change						
New Name			Describe Change	A DOMESTIC	1.4	
MARRIAGE		CIVIL	Describe Change UNION	DOMESTIC	PARTNERSHIP	
		CIVIL	**	DOMESTIC County	PARTNERSHIP Date of Event	
MARRIAGE No. Requested Copies	Place of Event		UNION State			
MARRIAGE No. Requested Copies Name of Spouses (name	Place of Event	cate / M	UNION State daiden Name)	County	Date of Event	
MARRIAGE No. Requested Copies Name of Spouses (name Spouse A First	Place of Event	cate / M Middle	UNION State daiden Name)	County	Date of Event	
MARRIAGE No. Requested Copies Name of Spouses (name	Place of Event	cate / M	UNION State daiden Name)	County	Date of Event	
MARRIAGE No. Requested Copies Name of Spouses (name Spouse A First	Place of Event	cate / M Middle	UNION State daiden Name)	County	Date of Event	
MARRIAGE No. Requested Copies Name of Spouses (name Spouse A First Spouse B First	Place of Event	cate / M Middle	UNION State daiden Name)	County	Date of Event	
MARRIAGE No. Requested Copies Name of Spouses (name Spouse A First Spouse B First DEATH	Place of Event City given at birth or on birth certific	cate / M Middle	UNION State Jaiden Name) e	County Last Last	Date of Event	
MARRIAGE No. Requested Copies Name of Spouses (name Spouse A First Spouse B First DEATH Name of Decedent No. Requested Copies	Place of Event City given at birth or on birth certific First Place of Death City	cate / M Middle Middle	UNION State daiden Name) e e Middle State	County Last Last Last	Date of Event	
MARRIAGE No. Requested Copies Name of Spouses (name Spouse A First Spouse B First DEATH Name of Decedent No. Requested Copies	Place of Event City given at birth or on birth certific First Place of Death	cate / M Middle Middle	UNION State daiden Name) e e Middle State	County Last Last Last	Date of Event / / Date of Death	
MARRIAGE No. Requested Copies Name of Spouses (name Spouse A First Spouse B First DEATH Name of Decedent No. Requested Copies	Place of Event City given at birth or on birth certific First Place of Death City	cate / M Middle Middle	UNION State daiden Name) e e Middle State certificate / Maiden Name)	County Last Last Last	Date of Event / / Date of Death	
MARRIAGE No. Requested Copies Name of Spouses (name Spouse A First Spouse B First DEATH Name of Decedent No. Requested Copies Name of Decedent's Pa	Place of Event City given at birth or on birth certific First Place of Death City	cate / M Middle Middle	UNION State daiden Name) e e Middle State certificate / Maiden Name)	Last Last Last County	Date of Event / / Date of Death	
MARRIAGE No. Requested Copies Name of Spouses (name Spouse A First Spouse B First DEATH Name of Decedent No. Requested Copies Name of Decedent's Parent A First	Place of Event City given at birth or on birth certific First Place of Death City rents (name given at birth or	cate / M Middle Middle on birth	UNION State daiden Name) e e Middle State certificate / Maiden Name)	Last Last County Last Last Last County Last Last Accep	Date of Event / / Date of Death	

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 identity¹, 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;
- o the subject's spouse/civil union partner, domestic partner, child, grandchild or sibling, if of legal age;
- o a state or federal agency for official purposes; or
- o requesting pursuant to a court order.

To request a certified copy of a <u>Certificate of Birth Resulting in Stillbirth</u>, 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:	Hours of Operation:		
Andover Township Municipal Building Vital Statistics and Registry 134 Newton Sparta Road Newton, NJ 07860	8:00 AM - 4:00 PM Monday - Friday (Summer Hours Vary)		
Mailing Address:	Fees:		
Andover Township Municipal Building Vital Statistics and Registry 134 Newton Sparta Road Newton, NJ 07860	Certified Copy \$15.00 each		

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.