City of Camden Vital Statistics
520 Market St. Room 103
Camden, NJ 08101
Phone (856) 757-7087

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

APLICACIÓN PARA COPIAS CERTIFICADAS Ó CERTIFICACIONES DE REGISTROS CIVILES NO-ANCESTRO

☐ I would like a ***Certified Copy.*** *(Quiero una copia certificada.)*
☐ 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.)

Preferred format (if available): *(Prefiero:)*
☐ Computer-generated copy of original. *(Copia del Original-Generado por Computadora)*
☐ Digital Image/Photocopy of original. *(Imagen Digital/Fotocopia del Original)*

Name of Applicant *(Nombre de Aplicante)*	Relationship to person on record (Proof is required if certified copy requested.) *[Relación al individuo (Prueba es requerida para copia certificada.)]*	Reasons for Request: *(Motivo de solicitud)* ☐ Passport *(Pasaporte)* ☐ Driver's License *(Licensia de Conducir)* ☐ School/Sports *(Escuela/Deportes)* ☐ Veterans' Benefits *(Beneficios veteranos)* ☐ Social Security Card *(Tarjeta Seguro Social)* ☐ Social Security Disability *(SSI / Incapacidad)* ☐ Other SS Benefits *(Otros beneficios de seguro social)* ☐ Medicare *(Medicare)* ☐ Welfare *(Asistencia Pública)* ☐ 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 Aplicante)*	Date of Application *(Fecha)*	

☐ **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)*
	Full Name of Child's Parent A *(List name given at birth or on birth certificate)* *[Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento)]*		
	Full Name of Child's Parent B (if on record) *(List name given at birth or on birth certificate)* *[Nombre completo de Padre/Madre B (si el registro) (Inscrito en el acta de nacimiento)]*		
	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):*		
☐ **MARRIAGE** *(MATRIMONIO)* ☐ **CIVIL UNION** *(UNIÓN CIVIL)* ☐ **DOMESTIC PARTNERSHIP** *(SOCIEDAD DOMÉSTICA)*	Full Name of Spouse A/Partner A *(List name given at birth or on birth certificate)* *[Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento)]*		No. Requested Copies *(No. de Copias)*
	Full Name of Spouse B/Partner B *(List name given at birth or on birth certificate)* *[Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento)]*		Exact Date of Event *(Fecha Exacta del Evento)*
	Place of Event (City, Town) *[Lugar del Evento (Ciudad, Pueblo)]*		County *(Condado)*
☐ **DEATH** *(DEFUNCIÓN)*	Name of Deceased Individual *(Nombre del Fallecido)*		
	Exact Date of Death *(Fecha Exacta del Evento)*		No. Requested Copies *(No. de Copias)*
	Place of Event (City/Town) *[Lugar del Evento (Ciudad, Pueblo)]*		County *(Condado)*
	Full Name of Deceased Individual's Parent A *(List name given at birth or on birth certificate)* *[Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento)]*	Full Name of Deceased Individual's Parent B *(List name given at birth or on birth certificate)* *[Nombre completo de Padre/Madre B (Inscrito en el acta de nacimiento)]*	

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: Cash M/O Check Waived	Payment Amount: $	ID Viewed:	Processed By *MV*

REG-37
JUL 15

Dana L. Redd
Mayor

Francisco Moran
President
Councilperson, 3rd Ward

Dana M. Burley
Councilperson, 1st Ward

Brian K. Coleman
Councilperson, 2nd Ward

VITAL STATISTICS

CITY OF CAMDEN

NEW JERSEY

PO Box 95120
Room 103, City Hall Camden, NJ 08101
Tele: (856) 757-7087 / Fax: (856) 757-7220
Email: clerk@ci.camden.nj.us Website: www.ci.camden.nj.us

Curtis Jenkins
Vice-President
Councilperson-at-Large

Angel Fuentes
Councilperson-at-Large

Marilyn Torres
Councilperson-at-Large

Luis Pastoriza, R.M.C., C.M.R.
Municipal Clerk / Registrar

- ✓ To get a certified copy of a person's vital record you must provide proof of your relationship to the person listed on the record and the proof must establish you are one of the following:
  - The subject of the record
  - The subject's parent, legal guardian or legal representative
  - The subject's spouse/civil partner, child, grandchild or sibling if of legal age
  - A state or federal agency for official purposes
  - Pursuant to court order
- ✓ To get certified copies of a record you must include: Mother's maiden name, Father's name (if applicable), Your name (or name on the record you are requesting), and exact date of event (ex: date of marriage, birth or death)
- ✓ In accordance with Ordinance MC-4591, passed January 11, 2011 – **Certified copies cost $20, additional copies of the same record, purchased at the same time cost $8.** If mailing in, check or money order must be made payable to the City of Camden (cash is acceptable if coming into Office). Changes to documents cost $10. **Marriage licenses cost $28** and burial permits cost $5.
- ✓ Please be advised that the Bureau has on file only those certificates of birth, death and marriage which occur within the City of Camden itself; not the County or State of NJ (you must contact the exact municipality). If the event took place prior to 1924, you must contact the State Department of Health and Senior Services at (866) 649-8726.
- ✓ Please include a business size self-addressed stamped envelope if mailing in, so we can return your information to you in an organized manner.
- ✓ For Office Use Only – The Information you provided does not match our records. Please recheck the date and location of the event.
- ✓ Please include Identification (copy if mailing in):
  - Valid photo State ID with current address
- ✓ Or two alternate ID's:
  - Valid County ID
  - Valid vehicle, registration with current address,
  - Valid Vehicle Insurance with current address
  - Valid Immigrant Visa,
  - Hospital discharge papers within 90 days (if picking up for newborn)
  - Valid Department of Corrections photo ID
  - DOC release papers within 90 days
  - Bank Statements/ Utility Bills or other business mail that has been sent in your name to the current address within 90 days
  - W2 from previous year with current address
  - Valid Permanent resident card
  - Valid government issued Municipal ID
  - Valid Passport

PLEASE NOTE: AS OF JANUARY 1, 2010 IF THE APPLICANT IS MARRIED THEY MUST INCLUDE A COPY OF MARRIAGE CERTIFICATE TO PROVE NAME CHANGE. IF APPLICANT IS NOT BIOLOGICAL PARENT LISTED ON THE RECORD– UP TO DATE CUSTODY PAPERS MUST BE PROVIDED (WITHIN 1 YR)