APPLICATION FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE
NEW JERSEY VITAL RECORDS

Certificate Information:

Full Name of Child at Time of Birth (Certificate Holder)
first middle last suffix

Father's Full Name (if recorded on the record)
first middle last suffix

Mother's Full Maiden Name
first middle last (maiden)

Exact Date of Birth (MM/DD/YYYY)

Name of Hospital (Optional)

Place of Birth (City, Town or Township)

County of Birth

If Child's Name Was Changed, Indicate New Name and How It Was Changed

Applicant/Shipping Information:

Name of Applicant
first middle last suffix

Street Address (must match address on identification)

City State Zip Code

Daytime Telephone Number

E-mail Address

Signature of Applicant

Date of Application

Why is the record being requested?

□ Passport

□ Driver's License

□ School / Sports

□ Social Security Card

□ Social Security Disability

□ Other Social Sec. Benefits

□ Veterans Benefits

□ Medicare

□ Welfare

□ Genealogy

□ Other: _________________

Pricing:

Certificate Fees:

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Price</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate (1st copy)</td>
<td>1</td>
<td>$25.00</td>
</tr>
<tr>
<td>Additional Copies</td>
<td></td>
<td>$2.00</td>
</tr>
</tbody>
</table>

Return Delivery (check one):

Delivery Method / Processing Time | Price Total Amount |
----------------------------------|--------------------|
Next Day (15 - 18 business days) | $19.25 | $ |
2 Day (19 - 22 business days) | $12.00 | $ |
US Mail (30 - 34 business days) | No Charge | $ |

*VitalChek Processing Fee: $10.95 $10.95

Identification Requirements:

All applications must include **one** of the following:

- Valid Photo Driver's License
- Photo Non-Driver's License
- Non-photo State Issued Driver's License
- Vehicle Registration
- Insurance Card
- Voter Registration
- Passport
- Green Card
- County ID
- School ID
- 2 Utility Bills (within the last 90 days)

When making a copy of your photo ID, please enlarge and lighten to improve legibility.

Payment Information:

Payment Method (check one):

☐ Check ☐ Money Order ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number

Credit Card Expiration Date

Cardholder's Signature

Date

Important Note: The cardholder's billing address **MUST** match the shipping address provided above. Applications with credit card payment information and proper identification documents may be faxed to: 866.233.5209.

DO NOT MAIL CASH - Make check or money order payable to VITALCHEK, PO Box 308, Brentwood, TN 37024-0308