

APPLICATION FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE 14115 **NEW JERSEY VITAL RECORDS** FOR VITALCHECK USE ONLY The authorized vendor for NJ Vital Records Ord# **Certificate Information:** Full Name of Child at Time of Birth (Certificate Holder) first last suffix Father's Full Name (if recorded on the record) middle last suffix Mother's Full Maiden Name middle last (maiden) Name of Hospital (Optional) Exact Date of Birth (MM/DD/YYYY) Gender □ Male □ Female 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 Relationship to Person Why is the record being requested? last suffix Named on Requested Record □ Passport (Proof required if ordering a certified □ Driver's License Street Address (must match address on identification) □ School / Sports □ Social Security Card City State Zip Code Daytime Telephone Number □ Social Security Disability

Pricing: **Identification Requirements:**

Certificate Fees:

Signature of Applicant

E-mail Address

	Quantity	Price		Total Amount	
Certificate (1st copy)	1	\$	25.00	\$	25.00
Additional Copies		\$	2.00	\$	

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

*The VitalChek processing fee is applied per order, not per certificate copy, as long as the certificates are being shipped to the same address.

TOTAL \$

Date of Application

All applications must include one of the following:

- · Valid Photo Driver's License
- · Photo Non-Driver's License

-Or two alternate forms of identification, such as:

Non-photo State Issued Driver's License

□ Other Social Sec. Benefits □ Veterans Benefits

□ Medicare □ Welfare Genealogy

□ Other: _

- · 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 Expira	ation 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.