

**BOROUGH OF
EAST RUTHERFORD, BERGEN COUNTY**

One Everett Place
East Rutherford, NJ 07073
Tel: 201-933-3444 ext. 509



MAYOR
James L. Cassella

MUNICIPAL CLERK
Danielle Lorenc

**INSTRUCTIONS FOR OBTAINING A COPY OF A VITAL RECORD
THROUGH THE MAIL**

1. Enclosed application must be filled out ENTIRELY
2. Check or money order enclosed - \$15 per copy – NO CASH
3. Photo copy of acceptable form of identification as shown below

ACCEPTABLE FORMS OF IDENTIFICATION

A valid, PHOTO, driver's license or PHOTO non-driver's license W/CURRENT ADDRESS
OR

Two alternate forms of ID – one of which MUST show the CURRENT ADDRESS:

- | | | |
|------------------------------------|-----------------------------------|--------------------|
| ▪Vehicle Registration | ▪Vehicle Insurance Card | ▪Voter Regist Card |
| ▪Bank Stmt (w/in 90 days) | ▪Utility Bill (w/in 90 days) | ▪Immigrant Visa |
| ▪Permanent Resident Card▪School ID | ▪Tax Return-current/previous year | ▪Passport |

4. Self addressed, stamped envelope in which the mailing address must match the address on the identification
5. If you are not the person on the record being requested you MUST show valid proof of relationship

ALL OF THE ABOVE SHOULD BE MAILED TO:

Borough of East Rutherford
Registrar's Office
One Everett Place
East Rutherford, NJ)7073

ANY INCOMPLETE APPLICATIONS WILL BE RETURNED!

COPIES ARE \$15 EACH

BOROUGH OF EAST RUTHERFORD

One Everett Place
 East Rutherford, NJ 07073
 (201)933-3444 x509

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APPLICATION FOR A NON-GENEALOGICAL CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD
 APLICACIÓN PARA COPIAS CERTIFICADAS Ó CERTIFICACIONES DE REGISTROS CIVILES NO-ANCESTRO

<input type="checkbox"/> I would like a Certified Copy . (Quiero una copia certificada.)			Preferred format (if available): (Prefiero): <input type="checkbox"/> Computer-generated copy of original. (Copia del Original-Generado por Computadora) <input type="checkbox"/> Digital Image/Photocopy of original. (Imagen Digital/Fotocopia del Original)		
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.)					
Name of Applicant (Nombre de Apicante)		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)	
Current Mailing Address (Must Match address on ID) [Dirección Postal (Debe coincidir con identificación)]				<input type="checkbox"/> Passport (Pasaporte) <input type="checkbox"/> Driver's License (Licencia de Conducir) <input type="checkbox"/> School/Sports (Escuela/Deportes) <input type="checkbox"/> Veterans' Benefits (Beneficios veteranos) <input type="checkbox"/> Social Security Card (Tarjeta Seguro Social) <input type="checkbox"/> Social Security Disability (SSI / Incapacidad) <input type="checkbox"/> Other SS Benefits (Otros beneficios de seguro social) <input type="checkbox"/> Medicare (Medicare) <input type="checkbox"/> Welfare (Asistencia Pública) <input type="checkbox"/> Other (Otro) _____	
City (Ciudad)	State (Estado)	Zip Code (Codigo Postal)	Daytime Telephone Number (Número Telefónico)		
Applicant's Signature (Firma del Apicante)			Date of Application (Fecha)		

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

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: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Payment Amount: \$	ID Viewed:	Processed By
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