

# Borough of Cresskill 67 Union Ave. Cresskill, NJ 07626

Contact Registrar at 201-569-5400 for further information

## 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 <b>Certified Copy.</b> (Quiero una copia certificada.)			If available, I prefer the format of the certified copy to be: (Prefiero:)			
<input type="checkbox"/> I will be forwarding the <b>Certified Copy for an Apostille Seal.</b> (Enviaré esta copia certificada para ser Apostillada.)			<input type="checkbox"/> Computer Generated copy of original. (Copia del Original-Generado por Computadora)			
<input type="checkbox"/> I would like a <b>Certification.</b> (Quiero una certificación.)			<input type="checkbox"/> Digital Image/Photocopy of original. (Imagen Digital/Fotocopia del Original)			
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) <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)		
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 Apicante)			Date of Application (Fecha)			

<input type="checkbox"/> <b>BIRTH (NACIMIENTO)</b>	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)
	Child's Mother's Full Maiden Name (Nombre completo de soltera de la Madre)		Child's Father's Name (if on record) [Nombre del Padre (si esta registrado)]
	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"/> <b>MARRIAGE (MATRIMONIO)</b>  <input type="checkbox"/> <b>CIVIL UNION (UNIÓN CIVIL)</b>  <input type="checkbox"/> <b>DOMESTIC PARTNERSHIP (SOCIEDAD DOMÉSTICA)</b>	Name of Husband/ Partner (Nombre de Esposo/Pareja)		No. Requested Copies (No. de Copias)
	Maiden Name of Wife/ Partner (Nombre Soltera de Esposa/Pareja)		Exact Date of Event (Fecha Exacta del Evento)
	Place of Event (City, Town) [Lugar del Evento (Ciudad, Pueblo)]		County (Condado)
<input type="checkbox"/> <b>DEATH (DEFUNCIÓN)</b>	Name of Deceased (Nombre del Fallecido)		Social Security Number (See Note) [Numero de Seguro Social (Ver Indice)]
	Exact Date of Death (Fecha Exacta del Evento)		Place of Event (City/Town) [Lugar del Evento (Ciudad, pueblo)]
	Maiden Name of Deceased Individual's Mother (Nombre Soltera de la Madre)		Name of Deceased Individual's Father (Nombre del Padre)

**Application Check List: 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 Artículos 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 STATE 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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\$10 per copy – please mail a self addressed stamped envelope with your application.

You must provide acceptable ID in order to get a copy of any vital record. Copies of vital records **must** be mailed to the address listed on your identification.

The following are acceptable forms of ID:

- A current, valid photo driver's license or photo non-driver's license with current address
- OR**
- A current, valid driver's license without photo and one alternate form of ID with current address.
- OR**
- Two alternate forms of ID, one of which must have current address.

Alternate forms of ID are:

- Vehicle registration
- Vehicle insurance card
- Voter registration
- US/Foreign Passport
- Immigrant Visa
- Permanent Resident Card (Green card)
- Federal/State ID
- County ID
- School ID
- Bank Statement (within previous 90 days)
- Utility bill (within the previous 90 days)
- Tax Return or W-2 for current/previous tax year