

Andover Township
Office of the Registrar

Vita Thompson, R.M.C./C.M.R.
Jackie Huelbig, C.M.R.

134 Newton-Sparta Road
Newton, NJ 07860
Phone – 973-383-4280, ext. 223, 234
Fax – 973-383-5039
Email – vthompson@andovertwp.org
jhuelbig@andovertwp.org

Dear Sir or Madam:

Please use the attached form for requesting certified copies of vital statistics held in the Andover Township Registrar's files. Complete the section pertaining to the vital statistic you are interested in receiving. The fee for each certified copy is \$7.00. Checks must be made payable to Andover Township.

When you have completed the application, please forward same to the above address, along with copies of your photo identification (driver's license, passport, etc.); a self-addressed, stamped envelope along with the appropriate fee.

If you have any questions, please contact this office at the above captioned phone number.

Sincerely,

Vita Thompson, Registrar
Jackie Huelbig, Deputy Registrar

**New Jersey Department of Health and Senior Services
Vital Statistics and Registration
P.O. BOX 370
Trenton, NJ 08625-0370**

**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. (<i>Quiero una copia certificada.</i>)			If available, I prefer the format of the certified copy to be: (<i>Prefiero:</i>)		
<input type="checkbox"/> I will be forwarding the Certified Copy for an Apostille Seal. (<i>Enviaré esta copia certificada para ser Apostillada.</i>)			<input type="checkbox"/> Computer Generated copy of original. (<i>Copia del Original-Generado por Computadora</i>)		
<input type="checkbox"/> I would like a Certification. (<i>Quiero una certificación.</i>)			<input type="checkbox"/> Digital Image/Photocopy of original. (<i>Imagen Digital/Fotocopia del Original</i>)		
Name of Applicant (<i>Nombre de Apicante</i>)		Relationship to person on record (Proof is required if certified copy requested.) (<i>Relación al individuo [Prueba es requerida para copia certificada.]</i>)		Reasons for Request: (<i>Motivo de solicitud</i>)	
Current Mailing Address (Must Match address on ID) (<i>Dirección Postal (Debe coincidir con identificación)</i>)				<input type="checkbox"/> Passport (<i>Pasaporte</i>) <input type="checkbox"/> Driver's License (<i>Licencia de Conducir</i>) <input type="checkbox"/> School/Sports (<i>Escuela/Deportes</i>) <input type="checkbox"/> Veterans' Benefits (<i>Beneficios veteranos</i>) <input type="checkbox"/> Social Security Card (<i>Tarjeta Seguro Social</i>) <input type="checkbox"/> Social Security Disability (<i>SSI / Incapacidad</i>) <input type="checkbox"/> Other SS Benefits (<i>Otros beneficios de seguro social</i>) <input type="checkbox"/> Medicare (<i>Medicare</i>) <input type="checkbox"/> Welfare (<i>Asistencia Pública</i>) <input type="checkbox"/> Other (<i>Otro</i>) _____	
City (<i>Ciudad</i>)	State (<i>Estado</i>)	Zip Code (<i>Código Postal</i>)	Daytime Telephone Number (<i>Número Telefónico</i>)		
Applicant's Signature (<i>Firma del Apicante</i>)			Date of Application (<i>Fecha</i>)		

<input type="checkbox"/> BIRTH (<i>NACIMIENTO</i>)	Full Name of Child at Time of Birth (<i>Nombre Completo al Nacer</i>)		No. Requested Copies (<i>No. de Copias</i>)	
	Place of Birth (City, Town) (<i>Lugar de Nacimiento (Ciudad, Pueblo)</i>)	County (<i>Condado</i>)	Exact Date of Birth (<i>Fecha de Nacimiento</i>)	
	Child's Mother's Full Maiden Name (<i>Nombre completo de soltera de la Madre</i>)		Child's Father's Name (if on record) (<i>Nombre del Padre (si esta registrado)</i>)	
	If the Child's Name was Changed, Indicate New Name and How it was Changed: (<i>Si el nombre del niño fue cambiado, indique el nuevo nombre y como fue cambiado:</i>)			
<input type="checkbox"/> MARRIAGE (<i>MATRIMONIO</i>)	Name of Husband/ Partner (<i>Nombre de Esposo/Pareja</i>)		No. Requested Copies (<i>No. de Copias</i>)	
	<input type="checkbox"/> CIVIL UNION (<i>UNIÓN CIVIL</i>)		Exact Date of Event (<i>Fecha Exacta del Evento</i>)	
	<input type="checkbox"/> DOMESTIC PARTNERSHIP (<i>SOCIEDAD DOMÉSTICA</i>)		County (<i>Condado</i>)	
<input type="checkbox"/> DEATH (<i>DEFUNCIÓN</i>)	Name of Deceased (<i>Nombre del Fallecido</i>)		Social Security Number (See Note) (<i>[Numero de Seguro Social (Ver Indice)]</i>)	
	Exact Date of Death (<i>Fecha Exacta del Evento</i>)		Place of Event (City/Town) (<i>[Lugar del Evento (Ciudad, pueblo)]</i>)	
	Maiden Name of Deceased Individual's Mother (<i>Nombre Soltera de la Madre</i>)		Name of Deceased Individual's Father (<i>Nombre del Padre</i>)	

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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