

- **Non-Genealogical Records** are births occurring within the last 80 years or if the individual is still living, marriages occurring within the last 50 years, deaths occurring within the last 40 years and all civil union and domestic partnership records.
- **Certified Copies** have the raised seal of the office issuing the record and are always issued on State of New Jersey safety paper. Certified copies may be used to establish identity and are legal documents.
- **Certifications** are issued on plain paper with no seal and clearly indicate they are not valid for establishing identity or for legal purposes. Certifications are generally useful for genealogy. Certifications of death records do not contain the Social Security Number or the Cause of Death medical terminology.
- **Apostille Seal** – An Apostille Seal is an additional seal required for certain certified records that will be presented to a foreign government that is a member of the Hague Treaty. The seal is often required on documents for international adoptions or establishing dual citizenship. Contact the consulate of the country involved to determine if you need an Apostille Seal.

An Apostille Seal can only be obtained by first requesting certified copy of the vital record from the State Office of Vital Statistics and Registry. **You would then forward this document to the New Jersey Department of Treasury, which issues the Apostille Seal.** Additional information is available at: <http://www.state.nj.us/treasury/revenue/apostilles.shtml>.

**Applications** for a certification or certified copy of a Non-Genealogical record **require** the applicant to provide a completed application, valid proof of identity<sup>1</sup>, payment of the fee and, if requesting a certified copy, proof that establishes you are:

- the subject of the record;
- the subject's parent, legal guardian or legal representative;
- the subject's spouse/civil union partner, domestic partner, child, grandchild or sibling, if of legal age;
- a state or federal agency for official purposes; or
- requesting pursuant to a court order.

To request a certified copy of a Certificate of Birth Resulting in Stillbirth, use form REG-68, which is available on the New Jersey Department of Health website at: <http://nj.gov/health/vital/registration-vital/stillbirth/>.

<p><b>Location Address:</b>          Lawrence Township Municipal Building          2207 Lawrence Road (U.S. Route 206)          Lawrence Township, Mercer County, NJ</p>	<p><b>Hours of Operation:</b>          Monday through Friday          8:30 a.m. to 1:00 p.m.          2:00 p.m. to 4:00 p.m.</p>
<p><b>Mailing Address:</b>          Township of Lawrence          OFFICE OF VITAL STATISTICS          2207 Lawrence Road          Lawrence Township, NJ 08648</p>	<p><b>Fees:</b>          Certified Copy of a Vital Record - \$18.00 per copy          Check or Money Order payable to "Township of Lawrence"</p>

<sup>1</sup> Valid photo driver's license or photo non-driver's license with current address OR valid driver's license without photo and an alternate form of ID with current address OR two (2) alternate forms of ID, one of which must show the current address. Alternate forms of ID are: vehicle registration, vehicle insurance card, voter registration, US/foreign passport, permanent resident card (green card), Immigrant Visa, Federal/State ID, county ID, school ID, utility bill (within the previous 90 days), bank statement (within previous 90 days) or W-2/tax return for current or previous year.

**TOWNSHIP OF LAWRENCE  
OFFICE OF VITAL STATISTICS  
2207 Lawrence Road, Lawrence Township, NJ 08648  
Telephone: (609) 844-7089 Fax: (609) 895-1668**

**Fee: \$18.00 Per Copy**

**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.) <input type="checkbox"/> I would like a <b>Certification</b> . (Quiero una certificación.) 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.)			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)		
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)
	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"/> <b>MARRIAGE (MATRIMONIO)</b> <input type="checkbox"/> <b>CIVIL UNION (UNIÓN CIVIL)</b> <input type="checkbox"/> <b>DOMESTIC PARTNERSHIP (SOCIEDAD DOMÉSTICA)</b>	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"/> <b>DEATH (DEFUNCIÓN)</b>	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 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 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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