City of Pleasantville Office of Vital Statistics 18 N First Street, Pleasantville, NJ 08232 (609) 484-3613

APPLICATION FOR A <u>NON-GENEALOGICAL</u> CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD

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ADDITIONAL INFORMATION

A certified copy of a vital record is issued to those individuals who have a direct link to the individual(s) named on the vital record event, provided that the requestor is able to identify the vital record. A certified copy will contain the raised seal and can be used for legal or identification purpose. Regulations allow only the following individuals to obtain a certified copy of a record and proof of relationship is required:

Subject, subject's parent, legal guardian, legal representative, subject's spouse, subject's child, subject's grandchild, subject's sibling or commissioner.

ID Required

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 alternate forms of ID and one of which must show the current address. Identification includes: drivers license, non-photo drivers license, vehicle registration, insurance card, voter registration card, passport, green card, county ID, school ID, utility bill, bank statement (within previous 90 days), tax Return or W-2 for current/previous tax year etc.

FEE

Copies of a vital record, including birth, marriage, domestic partnership and death certificates, may be purchased for a fee of \$10 for each certificate.

Certificates by Mail

Complete the application on the reverse side; include photocopies of two (2) different forms of identification and the fee payable to the City of Pleasantville. Mail to: City Clerk's Office, 18 N. First Street, Pleasantville, N.J. 08232. (609) 484-3613.

** CONSENT FOR DISCLOSURE OR CONFIDENTAL INFORMATION OF DEATH RECORD

DEATH RECORD
NJSA 26:5C-12 provides that the following individuals may consent to the
disclosure of confidential information (cause of death) on a death certificate.
This is to certify that I am the of the (Relationship to deceased) Of the (Name of the deceased)
who died in Pleasantville, NJ on I am qualified to give consent
for disclosure to the death record and hereby request the Registrar of Vital
Statistics to issue said death certificate showing the confidential information

Address

Signature