

<input type="checkbox"/> <i>Certified Copy</i> <input type="checkbox"/> <i>Certified Copy for an Apostille Seal</i> <input type="checkbox"/> <i>Certification</i>	Requestor's Relationship to Person on Record (<i>proof is required for certified copy</i>)	Requestor's Signature
		Date of Request / /
Name of Requestor First Middle Last		Reasons for Request <input type="checkbox"/> Genealogy <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Estate Matters <input type="checkbox"/> Other: _____
Current Mailing Address (<i>must match address on ID</i>) Street City State Zip Code		
Email Address @ .	Daytime Phone Number () -	

<input type="checkbox"/> BIRTH (OVER 80 YEARS AGO)			
Child's Name at Birth		First Middle Last	
No. Requested Copies	Place of Birth (<i>optional</i>) City State	County	Date of Birth / Years (<i>to search</i>)
Name of Child's Parents (<i>name given at birth or on birth certificate / Maiden Name</i>) (<i>optional</i>)			
Parent A	First Middle Last		
Parent B	First Middle Last		
If Child's name was changed: New Name Describe Change			

<input type="checkbox"/> MARRIAGE (OVER 50 YEARS AGO)			
No. Requested Copies	Place of Event (<i>optional</i>) City State	County	Event Date / Years (<i>to search</i>)
Name of Spouses (<i>name given at birth or on birth certificate / Maiden Name</i>) (<i>optional</i>)			
Spouse A	First Middle Last		
Spouse B	First Middle Last		

<input type="checkbox"/> DEATH (OVER 40 YEARS AGO)			
Name of Decedent		First Middle Last	
No. Requested Copies	Place of Death (<i>optional</i>) City State	County	Date of Death / Years (<i>to search</i>)
Name of Decedent's Parents (<i>name given at birth or on birth certificate / Maiden Name</i>) (<i>optional</i>)			
Parent A	First Middle Last		
Parent B	First Middle Last		

Have you enclosed and completed all required information?

- | | |
|--|---|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Proof of Relationship |
| <input type="checkbox"/> Payment | <input type="checkbox"/> Acceptable Forms of ID |
| | <input type="checkbox"/> Mailing Address Matches ID |

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 SEP 17

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

**INSTRUCTIONS FOR APPLICATION
 OBTAINING COPY OF GENEALOGICAL VITAL RECORDS**

- **Genealogical Records** are birth occurring more than 80 years ago (unless the individual is still living), marriages occurring more than 50 years ago and deaths occurring more than 40 years ago.
- **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.

To get an Apostille Seal, first obtain a certified copy of the vital record from the State Office of Vital Statistics and Registry by checking the Apostille Seal box on the application. You will receive a certified copy of the vital record issued by the State Office of Vital Statistics and Registry. **You must 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 **Genealogical** record **require** the applicant to provide a completed application, valid proof of identity¹, payment of the fee² and if requesting a certified copy, proof that establishes you are:

- 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.

All genealogy applications must be filed by mail and require the applicant to provide copies of the above documents.

NOTE: ALL items not marked as optional are required.

<p>Location Address:</p> <p style="text-align: center;">Franklin Township Municipal Building Vital Statistics and Registry 2093 Rt. 57 - Broadway, NJ 08808</p>	<p>Hours of Operation:</p> <p style="text-align: center;">9:00 AM - 4:00 PM Monday - Friday</p>
<p>Mailing Address:</p> <p style="text-align: center;">Franklin Township Registrar Franklin Township Municipal Building POB 547 Broadway, NJ 08808</p>	<p>Fees:</p> <p>Certified\$5.00 each Make checks payable to Copies "Franklin Township"</p>

¹ 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, 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 state (within previous 90 days) or W-2 for current or previous year. Requests for records to be mailed to an address other than that which appears on the requestor's ID must be accompanied by a notarized letter which includes: A) the alternate address, and B) a written request to mail records to this alternate address.