

BOROUGH OF ROSELLE

VITAL STATISTICS/HEALTH DEPARTMENT

210 CHESTNUT STREET

ROSELLE, NJ 07203

PHONE (908) 634-4550

FAX (908) 634-4510

HOW TO APPLY FOR A CERTIFIED COPY OF A VITAL RECORD

Certified copies of any Birth, Marriage, Civil Union or Death Certificates can only be issued by the Municipality where the event took place.

Borough of Roselle fee: \$12.00 per sealed copy

Proof of I.D. is required

An application form for copies of a vital record is attached. Please complete the appropriate areas, being sure the information is as it would be on the Vital Record you are requesting. You will need to present a Photo ID (if you don't have a photo ID you must present two (2) other forms of ID). If requesting a death certificate or record of someone other than yourself you must bring proof showing your connection to the person of record (i.e.: birth certificate or marriage license showing parents' names).

In person: You must present the above ID & proofs along with a completed application and fee in the form of cash or money order. We do not accept checks, credit cards or debit cards.

By mail: You must mail a complete application along with copies of the above proofs as well as your personal ID. The address shown on your personal identification must match the address you are requesting the copy by mailed to, P.O. Boxes will not be accepted.

Include your money order payable to "Borough of Roselle" for \$12.00 per copy along with a self-addressed, stamped envelope.

Mail applications and attachments to:

Borough of Roselle

210 Chestnut Street

Roselle, NJ 07203

Att: Vital Statistics

M. DeJesus-Quevedo,
Registrar of Vital Statistics

Annamarie Colucci,
Deputy Registrar



BOROUGH OF ROSELLE
 210 CHESTNUT STREET
 ROSELLE, NJ 07203
 TEL. (908) 634-4550
 FAX# (908) 634-4510

**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. (Quiero una copia certificada.) <input type="checkbox"/> I will be forwarding the Certified Copy for an Apostille Seal. (Enviaré esta copia certificada para ser Apostillada.) <input type="checkbox"/> I would like a Certification. (Quiero una certificación.)		Valid Forms of ID: <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License/Registration <input type="checkbox"/> Federal ID or Military ID <input type="checkbox"/> State ID or County ID <input type="checkbox"/> Green Card/Immigrant Visa <input type="checkbox"/> School ID or Voter Registration	
*CASH OR MONEY ORDER ONLY - \$12.00 ea.			
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)
Current Mailing Address (Must Match address on ID) (Dirección Postal (Debe coincidir con identificación))			<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)
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"/> BIRTH (NACIMIENTO)	Safety Paper #		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) (Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento))					
	Full Name of Child's Parent B (if on record) (List name given at birth or on birth certificate) (Nombre completo de Padre/Madre B (si el registro) (Inscrito en el acta de nacimiento))					
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"/> MARRIAGE (MATRIMONIO) <input type="checkbox"/> CIVIL UNION (UNIÓN CIVIL) <input type="checkbox"/> DOMESTIC PARTNERSHIP (SOCIEDAD DOMÉSTICA)	Full Name of Spouse A/Partner A (List name given at birth or on birth certificate) (Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento))				No. Requested Copies (No. de Copias)	
	Full Name of Spouse B/Partner B (List name given at birth or on birth certificate) (Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento))				Exact Date of Event (Fecha Exacta del Evento)	
	Place of Event (City, Town) (Lugar del Evento (Ciudad, Pueblo))		Safety Paper #		County (Condado)	
<input type="checkbox"/> DEATH (DEFUNCIÓN)	Safety Paper #					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) (Nombre completo de Padre/Madre A) (Inscrito en el acta de nacimiento))			Full Name of Deceased Individual's Parent B (List name given at birth or on birth certificate) (Nombre completo de Padre/Madre B) (Inscrito en el acta de nacimiento))		

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
--	-----------------------	------------	--------------