

**TOWNSHIP OF SCOTCH PLAINS**  
**Office of Vital Statistics**  
**430 Park Avenue**  
**Scotch Plains, NJ 07076**  
**908-322-6700 ext. 212**

**Certified Copies: Birth, Death or Marriage Certificates**

All requests for birth, death or marriage certificates must be either mailed to the Township of Scotch Plains – Office of Vital Statistics or in person. **Scroll down** for the Application for Certified Copy of Vital Record. Any questions regarding certificates contact 908-322-6700 ext. 212.

Your request must include:

Name of Person, Date of Event, Place of Event, and Name of Parents including Mother's maiden name

**In Person: Original documents must be presented**  
**Payment: Cash or Check Only**

**By Mail: Photocopies are acceptable**  
**Payment: Check or Money Order**  
**payable to:**  
**"Township of Scotch Plains"**

**Acceptable Forms of Identification**

Valid photo driver's license or photo non-driver's license with current address

**OR**

Two alternate forms of identification, one of which must show the current address

**Alternate Forms of Identification:**

- Vehicle registration
- Vehicle insurance card
- Voter registration
- US/Foreign Passport
- Immigrant Visa
- Permanent Resident Card (Green card)
- Federal/State ID
- County ID
- School ID
- Utility bill (within previous 90 days)
- Bank Statement (within previous 90 days)
- W-2 or tax return for current or previous year

**Social Security Numbers ARE NOT an acceptable form of identification**

People who are homeless can provide identification from a social worker or homeless shelter coordinator.

People who are incarcerated can provide legal imprisonment, conviction papers or release documents that include the name, social security number and all possible aliases used in the past or identification from a prison/probation official.

**Please DO NOT send in original identification documents. Only copies are required.**

## **FEE SCHEDULE**

**The following are the fees for certified copies of Birth, Death, Marriage, Civil Union or Domestic Partnership Certificates if the event occurred in Scotch Plains, New Jersey.**

<b>Death Certificates</b>	<b>\$7.00/per copy</b>
<b>Marriage Certificate</b>	<b>\$7.00/per copy</b>
<b>Civil Union Certificates</b>	<b>\$7.00/per copy</b>
<b>Domestic Partnership Certificate</b>	<b>\$7.00/per copy</b>

**CASH, CHECK OR MONEY ORDERS ONLY**

**CREDIT AND/OR DEBIT CARDS ARE NOT ACCEPTED**

## APPLICATION REQUIREMENTS FOR CERTIFIED COPIES

A Completed Application for Genealogical or Non-Genealogical Copy of a Vital Record

Valid Identification: 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

Vehicle Registration Card

Vehicle Insurance Card

Voter Registration Card

US/Foreign Passport

Immigrant Visa

Permanent Residence Card (Green Card)

Federal/State ID

School ID

Utility Bill or Bank Statement (within last 90 days)

W-2 for current or the previous tax year

If you are requesting a certification, (an informational copy of a vital record not valid for legal purposes) you do not need to provide proof of relationship.

If you are looking for a certified copy, proof of relationship is required 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

-Pursuant to court order

To establish proof of relationship for....

Your own birth certificate, your valid ID is acceptable; however, if you have assumed your spouse's or civil union partner's surname, provide a copy of your marriage or civil union certificate to link the name on your current ID to the name on your birth certificate

Your child's birth certificate, if the name on your identification matches the name of the child's parent then your identification will establish your relationship. If your current name does not match the name as recorded on the birth certificate, as the parent, you will need to supply a copy of your marriage or civil union certificate or legal name change.

Your spouse's/civil union partner's birth record, provide a copy of your marriage/civil union certificate.

Your parent's or sibling's vital record, provide a copy of YOUR birth certificate with parents' names.

Your grandparent's vital record, you must establish that you are the person's grandchild by linking the name on your ID to the name of the grandparent. For example, if you changed your last name after marriage/civil union and want a grandparent's vital record, you must: 1.) Provide your marriage/civil union certificate to show your name at birth. 2.) Provide your birth certificate to identify your parent, and 3.) Provide the parent's birth certificate to identify the grandparent.

If you are looking for a certified copy of a record and are...

An executor of an estate, you must supply proof of appointment as the executor.

The legal representative of the executor of an estate, you must supply proof of legal retainer by the executor and proof of the appointment of the individual as the executor.

The legal representative of an individual that is eligible to receive a certified copy of a vital record, you must supply proof of legal retainer by the eligible individual and their proof of relationship.

If you are not a person qualified to get a certified copy of a record but...

You are helping a person receive a certified copy of a vital record they are eligible to receive...you must show your valid ID and a notarized, written release authorizing you to get the record on that person's behalf OR, you can supply a written release from the person you are helping along with a copy of that person's valid photo ID.

In need of a vital record and are not the legal representative of an eligible person, you must obtain a court order directing the State Registrar to issue a certified copy of the record. A subpoena is not sufficient to issue a copy of a vital record.

**TOWNSHIP OF  
SCOTCH PLAINS**  
430 Park Avenue  
Scotch Plains NJ 07076

**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 will be forwarding the <b>Certified Copy</b> for an <b>Apostille Seal</b> . (Enviaré esta copia certificada para ser Apostillada.) <input type="checkbox"/> I would like a <b>Certification</b> . (Quiero una certificación.)		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.))	
Current Mailing Address ( <b>Must Match address on ID</b> ) (Dirección Postal (Debe coincidir con identificación))		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) _____	
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) (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"/> <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) (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))		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) (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
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