



**APPLICATION FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE
NEW JERSEY VITAL RECORDS**

14115

The authorized vendor for NJ Vital Records

FOR VITALCHECK USE ONLY

Ord # _____

Certificate Information:

Full Name of Child at Time of Birth (Certificate Holder)			
first	middle	last	suffix
Father's Full Name (if recorded on the record)			
first	middle	last	suffix
Mother's Full Maiden Name			
first	middle	last (maiden)	
Exact Date of Birth (MM/DD/YYYY)	Name of Hospital (Optional)		Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth (City, Town or Township)			County of Birth
If Child's Name Was Changed, Indicate New Name and How It Was Changed			

Applicant/Shipping Information:

Name of Applicant		Relationship to Person Named on Requested Record <i>(Proof required if ordering a certified copy):</i>	Why is the record being requested? <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> School / Sports <input type="checkbox"/> Social Security Card <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Other Social Sec. Benefits <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Genealogy <input type="checkbox"/> Other: _____
first	middle last		
Street Address (must match address on identification)			
City	State Zip Code	Daytime Telephone Number	
E-mail Address			
Signature of Applicant		Date of Application	

Pricing:

Certificate Fees:			
Quantity	Price	Total Amount	
Certificate (1 st copy)	\$ 25.00	1	\$ 25.00
Additional Copies	\$ 2.00		\$
Return Delivery (check one):			
Delivery Method / Processing Time	Price	Total Amount	
Next Day (15 - 18 business days)	\$ 19.25		\$
2 Day (19 - 22 business days)	\$ 12.00		\$
US Mail (30 - 34 business days)	No Charge		\$
*VitalChek Processing Fee:	\$ 10.95		\$ 10.95
<small>*The VitalChek processing fee is applied per order, not per certificate copy, as long as the certificates are being shipped to the same address.</small>			
TOTAL			\$

Identification Requirements:

All applications must include **one** of the following:

- Valid Photo Driver's License
- Photo Non-Driver's License

-Or **two** alternate forms of identification, such as:

- Non-photo State Issued Driver's License
- Vehicle Registration
- Insurance Card
- Voter Registration
- Passport
- Green Card
- County ID
- School ID
- 2 Utility Bills (within the last 90 days)

When making a copy of your photo ID, please enlarge and lighten to improve legibility.

Payment Information:

Payment Method (check one):	
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Credit Card Number	Credit Card Expiration Date
Cardholder's Signature	Date

Important Note: The cardholder's billing address **MUST** match the shipping address provided above. Applications with credit card payment information and proper identification documents may be faxed to: 866.233.5209.

DO NOT MAIL CASH - Make check or money order payable to VITALCHEK, PO Box 308, Brentwood, TN 37024-0308