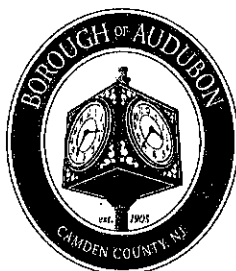


# Borough of Audubon



TELEPHONE: (856) 547-0710  
FAX: (856) 546-4749

606 W. NICHOLSON ROAD  
AUDUBON, NEW JERSEY 08106

## **BOROUGH OF AUDUBON** **VITAL STATISTICS**

Registrar: Danielle Ingves, RMC, CMR

Please call 856-547-0711 or email [d.ingves@audubonnj.com](mailto:d.ingves@audubonnj.com) to make an appointment to obtain a marriage license or request vital records.

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### **CERTIFIED COPIES INSTRUCTIONS**

You may obtain a certified copy of birth, death, or marriage from the Registrar's office by completing the application below. The Borough of Audubon only has records of events that have occurred within the Borough of Audubon.

The cost for certified copies is \$10.00 per copy. Cash, check, or money orders made payable to the Borough of Audubon. (Cards are not accepted.)

For in-person, please call ahead to make an appointment with the registrar.

Documents can be obtained via mail as well. Please make sure that you enclose a copy of driver's license or government ID, self-addressed-stamped envelope, and the completed application and payment. Please make sure all supporting documents are enclosed as well. If unsure what you need, please be sure to contact the registrar before mailing your request.

\*\*If you have changed your name since birth, additional documentation will be required. Please contact the registrar before submitting your request.

APPLICATION FOR A NON-GENEALOGICAL  
CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD

<input type="checkbox"/> <b>Certified Copy</b> <input type="checkbox"/> <b>Certified Copy for an Apostille Seal</b> <input type="checkbox"/> <b>Certification</b>		<b>Requestor's Relationship to Person on Record</b> <i>(proof is required for certified copy)</i>	<b>Requestor's Signature</b>  Date (of request)      /      /
<b>Name of Requestor</b> First                                      Middle Last		<b>Reasons for Request</b> <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> School / Sports <input type="checkbox"/> Veterans' Benefits <input type="checkbox"/> Social Security Card / Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare / Disability <input type="checkbox"/> Other: _____	
<b>Current Mailing Address (must match address on ID)</b> Street City                                      State                                      Zip Code			
<b>Email Address</b> @		<b>Daytime Phone Number</b> (      )      -	

**BIRTH**

<b>Child's Name at Birth</b>		First	Middle	Last
<b>No. Requested Copies</b>	<b>Place of Birth</b>	City                                      State		<b>County</b>
<b>Date of Birth</b> / /				
<b>Name of Child's Parents (name given at birth or on birth certificate / Maiden Name)</b>				
<b>Parent A</b>	First	Middle	Last	
<b>Parent B</b>	First	Middle	Last	
<b>If Child's name was changed:</b>				
New Name		Describe Change		

**MARRIAGE**       **CIVIL UNION**       **DOMESTIC PARTNERSHIP**

<b>No. Requested Copies</b>	<b>Place of Event</b>	<b>County</b>	<b>Date of Event</b>
City                                      State		/ /	
<b>Name of Spouses (name given at birth or on birth certificate / Maiden Name)</b>			
<b>Spouse A</b>	First	Middle	Last
<b>Spouse B</b>	First	Middle	Last

**DEATH**

<b>Name of Decedent</b>		First	Middle	Last
<b>No. Requested Copies</b>	<b>Place of Death</b>	City                                      State		<b>County</b>
<b>Date of Death</b> / /				
<b>Name of Decedent's Parents (name given at birth or on birth certificate / Maiden Name)</b>				
<b>Parent A</b>	First	Middle	Last	
<b>Parent B</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 |

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:
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**INSTRUCTIONS FOR OBTAINING  
 A COPY OF NON-GENEALOGICAL VITAL RECORDS**

- **Non-Genealogical Records** are births occurring within the last 80 years or if the individual is still living, marriages occurring within the last 50 years, deaths occurring within the last 40 years and all civil union and domestic partnership records.
- **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.

An Apostille Seal can only be obtained by first requesting certified copy of the vital record from the State Office of Vital Statistics and Registry. You would then 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 **Non-Genealogical** record require the applicant to provide a completed application, valid proof of identity<sup>1</sup>, payment of the fee and, if requesting a certified copy, proof that establishes you are:

- o the subject of the record;
- o the subject's parent, legal guardian or legal representative;
- o the subject's spouse/civil union partner, domestic partner, child, grandchild or sibling, if of legal age;
- o a state or federal agency for official purposes; or
- o requesting pursuant to a court order.

To request a certified copy of a **Certificate of Birth Resulting in Stillbirth**, use form REG-68, which is available on the New Jersey Department of Health website at: <http://nj.gov/health/vital/registration-vital/stillbirth/>.

<b>Location Address:</b>  Borough of Audubon 606 W Nicholson Road Audubon, NJ 08106	<b>Hours of Operation:</b>  8:30 AM - 4:00 PM Monday - Friday
<b>Mailing Address:</b>  Borough of Audubon Attn: Registrar Dept 606 W Nicholson Road Audubon, NJ 08106	<b>Fees:</b>  \$10 Per Copy Cash or Check Only

**Click to Lock & Save Form w/ LHD Info**

<sup>1</sup> 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 (2) 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 statement (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.