

THIRD PARTY AUTHORIZATION
TO OBTAIN A BIRTH CERTIFICATE BY MAIL

PLACE OF BIRTH MUST BE IN MIDDLE TOWNSHIP

- ❖ **Applicant's (caseworker) Contact Information – telephone number, e-mail address**
- ❖ **Person's Full Name at Time of Birth**
Place of Birth
Date of Birth (month/day/year)
Mother's Full Name (first, middle, last maiden name)
Father's Full Name (first, middle, last name)

ALSO INCLUDE:

A letter from the caseworker on the organization's letterhead identifying the applicant's record.

A notarized Delegation of Authority form OR a notarized letter from the applicant authorizing the caseworker to obtain the record on their behalf.

A **MONEY ORDER** made payable to **Middle Township**, in the amount of **\$25.00** for the first copy and \$2.00 for each additional copy ordered at the **same time**. Also, a self-addressed stamped envelope (address on application must match address on identification).

The forms of identification that are required are:

- Copy of caseworker's work I.D.

Questions? Please give us a call (609) 465-8722.

Our office is open Monday through Friday and takes requests from 9:00am – 3:30pm.

Township of Middle
Office of Vital Statistics
33 Mechanic Street
Cape May Court House, New Jersey 08210

New Jersey Department of Health
Office of Vital Statistics and Registry
P.O. Box 370
Trenton, NJ 08625-0370

**DELEGATION OF AUTHORITY TO RECEIVE CERTIFIED COPY OF VITAL RECORD
(FOR BIRTH / DEATH RECORDS)
DELEGACIÓN DE AUTORIDAD PARA RECIBIR UNA COPIA CERTIFICADA DE UN REGISTRO CIVIL
(PARA REGISTROS DE NACIMIENTO / MUERTE)**

*This statement must be signed and dated in the presence of a Notary Public or be accompanied by a photocopy of the authorizing person's valid photo identification. Authorized individual must also provide valid identification.
Este documento debe ser firmado y fechado ante un notario público o acompañado con una copia de identificación válida de la persona autorizante. El individuo autorizado también debe proveer prueba de identificación válida.*

Full Name of Authorizing Person <i>(Nombre Completo de la Personal Autorizante)</i>	Relationship to Individual on Record <i>(Relación con el Individuo en Registro)</i>
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I give written authorization to: *(Yo otorgo autorización por escrito a:)*

Name of Authorized Individual <i>(Nombre de Individuo Autorizado)</i>
--

who will obtain certified copies of vital records on my behalf. The information of the requested record is as follows:
(quien obtendrá copias certificadas del registro civil en mi nombre. La información del registro is la siguiente:)

Name on Record <i>(Nombre en Registro)</i> First <i>(Primer)</i> Middle <i>(Segundo)</i> Last <i>(Apellido)</i>		
Exact Date of Event (MM/DD/YYYY) <i>(Fecha Exacta del Evento) (Mes/Día/Año)</i>		
Location of Event (City and County) <i>(Lugar del Evento) (Ciudad y Condado)</i>		
Full Name of Parent A <i>(List name given at birth or on birth certificate/Maiden name)</i> <i>[Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento o nombre de soltera)]</i> First <i>(Primer)</i> Middle <i>(Segundo)</i> Last <i>(Apellido)</i>		
Full Name of Parent B <i>(List name given at birth or on birth certificate/Maiden name)</i> <i>[Nombre completo de Padre/Madre B (Inscrito en el acta de nacimiento o nombre de soltera)]</i> First <i>(Primer)</i> Middle <i>(Segundo)</i> Last <i>(Apellido)</i>		
Signature of Authorizing Person <i>(Firma de la Personal Autorizante)</i>	Date <i>(Fecha)</i>	

Sworn to before me on this _____ day of _____, 20_____.

Signature of Notary Public: _____

(Stamp)

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

<input checked="" type="checkbox"/> Certified Copy <input type="checkbox"/> Certified Copy for an Apostille Seal <input type="checkbox"/> Certification		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"/> 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: _____	
Current Mailing Address (must match address on ID) Street _____ City _____ State _____ Zip Code _____			
Email Address _____ @ _____ . _____		Daytime Phone Number (_____) _____ - _____	

<input checked="" type="checkbox"/> BIRTH			
Child's Name at Birth First _____ Middle _____ Last _____			
No. Requested Copies _____	Place of Birth City Middle Township State New Jersey	County Cape May	Date of Birth _____ / _____ / _____
Name of Child's Parents (name given at birth or on birth certificate / Maiden Name)			
Parent A First _____ Middle _____ Last _____			
Parent B First _____ Middle _____ Last _____			
If Child's name was changed: New Name _____ Describe Change _____			

<input type="checkbox"/> MARRIAGE		<input type="checkbox"/> CIVIL UNION		<input type="checkbox"/> DOMESTIC PARTNERSHIP	
No. Requested Copies _____	Place of Event City Middle Township State New Jersey	County Cape May	Date of Event _____ / _____ / _____		
Name of Spouses (name given at birth or on birth certificate / Maiden Name)					
Spouse A First _____ Middle _____ Last _____					
Spouse B First _____ Middle _____ Last _____					

<input type="checkbox"/> DEATH					
Name of Decedent First _____ Middle _____ Last _____					
No. Requested Copies _____	Place of Death City Middle Township State New Jersey	County Cape May	Date of Death _____ / _____ / _____		
Name of Decedent's Parents (name given at birth or on birth certificate / Maiden Name)					
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 |

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 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 identity¹, payment of the fee and, if requesting a certified copy, proof 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; or
- 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/>.

<p>Location Address:</p> <p style="text-align: center;">Township of Middle Office of Vital Statistics 33 Mechanic Street Cape May Court House, NJ 08210</p>	<p>Hours of Operation:</p> <p style="text-align: center;">08:30AM - 04:00PM Monday - Friday <i>In Person - Cash Only</i> <i>Mail Orders - Money Order Only</i></p>								
<p>Mailing Address:</p> <p style="text-align: center;">Township of Middle Office of Vital Statistics 33 Mechanic Street Cape May Court House, NJ 08210</p>	<p>Fees:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Birth Certificate.....\$25.00</td> <td>Amended Certificate</td> </tr> <tr> <td>Marriage Certificate.....\$25.00</td> <td>First Page.....\$25.00</td> </tr> <tr> <td>Death Certificate.....\$25.00</td> <td>Each Amended Page.....\$2.00</td> </tr> <tr> <td>Each Additional Copy.....\$2.00</td> <td></td> </tr> </table>	Birth Certificate.....\$25.00	Amended Certificate	Marriage Certificate.....\$25.00	First Page.....\$25.00	Death Certificate.....\$25.00	Each Amended Page.....\$2.00	Each Additional Copy.....\$2.00	
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Marriage Certificate.....\$25.00	First Page.....\$25.00								
Death Certificate.....\$25.00	Each Amended Page.....\$2.00								
Each Additional Copy.....\$2.00									

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 (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.