

Vital Statistics

Vital Statistics is the recording of all Births, Deaths, Marriages, and Civil Unions that occur within a municipality. All Vital Statistics are also recorded to the State to provide data on morbidity and mortality.

In order to obtain a Marriage License or Civil Union License from the Borough of Caldwell either partner must be a resident of Caldwell. This license will be good for any municipality in the State of New Jersey. If both partners reside out of state then they must obtain the license from the New Jersey municipality where the ceremony will take place. This license will be issued for that municipality only.

Certified copies of Birth Certificates must be obtained in the municipality where the birth occurred. The cost of a certificate in Cladwell is \$10.00 per copy.

Certified copies of Marriage and Civil Union certificates must be obtained in the municipality where the Marriage or Civil Union occurred. The cost of a certificate in Caldwell is \$10.00 per copy.

Certified copies of Death Certificates must be obtained in the municipality where the death occurred. The cost of certificate in Caldwell is \$10.00 per copy.

Requirements for Obtaining a Marriage, Remarriage, Civil Union, or Reaffirmation of Civil Union

- **APPLICANTS MUST APPLY IN PERSON**
- **APPLICANTS MUST SHOW PHOTO ID**
- **APPLICANTS MUST SHOW PROOF OF RESIDENCY**
- **APPLICANTS MUST SHOW BIRTH CERTIFICATES (BIRTH CERTIFICATES MUST BE TRANSLATED INTO ENGLISH IF APPLICABLE)**
- **APPLICANTS MUST SHOW PAPERWORK FOR FORMER MARRIAGE, DEATH, ANNULLMENT, CURRENT DOMESTIC PARTNER, FORMER DOMESTIC PARTNER AND FORMER CIVIL UNION PARTNER IF APPLICABLE**
- **72 HOUR WAITING PERIOD FROM TIME OF APPLICATION**
- **ONE WITNESS WHEN YOU APPLY WHO KNOWS BOTH OF YOU WELL WITNESS MUST BE ABLE TO READ, WRITE AND UNDERSTAND ENGLISH AND BE 18 YEARS OF AGE OR OLDER**
- **WITNESS MUST BE ABLE TO TRANSLATE FOR THE APPLICANTS IF NECESSARY**
- **DATE AND PLACE OF CEREMONY**
- **NAME AND MAILING ADDRESS OF PERSON PERFORMING THE CERMONY**
- **COST OF LICENSE IS \$28.00 PAYABLE AT THE TIME APPLICATION IS MADE. PLEASE HAVE EXACT AMOUNT IN CASH OR CHECK**
- **ONCE LICENSE IS ISSUED IT IS VALID FOR THIRTY DAYS**

Borough of Caldwell
Office of Vital Statistics
1 Provost Square
Caldwell, New Jersey 07006

**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.)			If available, I prefer the format of the certified copy to be: (Prefiero:)		
<input type="checkbox"/> I will be forwarding the Certified Copy for an Apostille Seal . (Enviaré esta copia certificada para ser Apostillada.)			<input type="checkbox"/> Computer Generated copy of original. (Copia del Original-Generado por Computadora)		
<input type="checkbox"/> I would like a Certification . (Quiero una certificación.)			<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.)]		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)	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)		
	Child's Mother's Full Maiden Name (Nombre completo de soltera de la Madre)		Child's Father's Name (if on record) [Nombre del Padre (si esta registrado)]			
	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)	Name of Husband/ Partner (Nombre de Esposo/Pareja)			No. Requested Copies (No. de Copias)		
	<input type="checkbox"/> CIVIL UNION (UNIÓN CIVIL)	Maiden Name of Wife/ Partner (Nombre Soltera de Esposa/Pareja)			Exact Date of Event (Fecha Exacta del Evento)	
		<input type="checkbox"/> DOMESTIC PARTNERSHIP (SOCIEDAD DOMÉSTICA)	Place of Event (City, Town) [Lugar del Evento (Ciudad, Pueblo)]			County (Condado)
<input type="checkbox"/> DEATH (DEFUNCIÓN)	Name of Deceased (Nombre del Fallecido)		Social Security Number (See Note) [Numero de Seguro Social (Ver Índice)]		No. Requested Copies (No. de Copias)	
	Exact Date of Death (Fecha Exacta del Evento)		Place of Event (City/Town) [Lugar del Evento (Ciudad, pueblo)]		County (Condado)	
	Maiden Name of Deceased Individual's Mother (Nombre Soltera de la Madre)			Name of Deceased Individual's Father (Nombre del Padre)		

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?)

- | | | | | |
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| <input type="checkbox"/> All Items on Application
(Todo Artículos en la Aplicación) | <input type="checkbox"/> Payment
(Pago) | <input type="checkbox"/> Acceptable Forms of ID
(Identificación Aceptable) | <input type="checkbox"/> Proof of Relationship
(Prueba de Parentesco) | <input type="checkbox"/> 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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