

Original Adoption Records

Putting Law into Action

Bonnie Brookes, CMR

NJ 'Birthright' Law

- * Throughout the 1990's and 2000's Adoptees have pushed for legislation allowing them access to Original Birth Records unsuccessfully
- * In May 2014, Governor Chris Christie signed S873, Amendments to the Vital Statistics Law, into effect with the stipulation of providing Birth Parents additional time state their contact preferences
- * Eight other States also have 'Birthright' laws which have been successfully implicated

What the Law Does

- * Allows Birth Parents time to request redactions, contact preferences & supply a family history to be included in the original birth record
- * Allows Adoptees and other select individuals to obtain an uncertified copy of an original birth record, in addition to contact information and family history if provided by the Birth Parent

Current Status of Implication

- * Birth Parents can go to the State Registrar's website to obtain forms to:
 - * Provide Contact Preference (REG-36A)
 - * Provide Family History (REG-36B)
 - * Redact Name & Identifying Information (REG-36C)
- * REG-36A and REG-36B should be submitted by Dec. 31, 2016, REG-36C must be submitted by Dec. 31, 2016

Current Status Cont.

- * Applicants can submit a Request for an Uncertified Copy of a Adopted Person's Birth Record (REG-41) and payment at this time knowing that the expected processing date of request will be January 2017
- * All requests will be processed through the mail, not in person! Do not send anyone to Trenton!

Who is Eligible for Records

- * Access to the original birth records are limited to those eligible applicants including:
 - * Adult Adoptee;
 - * A direct descendent, sibling or spouse of the adopted person;
 - * An adoptive parent, legal guardian, or other legal representative of the adopted person; or
 - * An agency of the State or federal government for official purposes.

Where to Go

The screenshot shows the NJ Health Department website. At the top, there is a header with the State of New Jersey Department of Health logo and navigation links for Governor Chris Christie, Lt. Governor Kim Guadagno, NJ Home, Services A to Z, Departments/Agencies, and FAQs. A search bar is also present. Below the header is the NJ Health logo with the tagline "Improving Health Through Leadership and Innovation". A navigation menu includes links for About Us, Your Health, Healthcare Facilities & Services, Public Health, and Health IT, Facts & Findings. The main content area is titled "Vital Statistics" and features a navigation bar with links for Home, Registration of Vital Events, Order a Vital Record, Correcting a Vital Record, Adoption, Professional Partners, and Contact Us. The "About Vital Statistics and Registry" section provides information on the Office of Vital Statistics and Registry, including a list of vital events recorded (Birth, marriage, death, domestic partnership, civil union, adoptions, and certificate of birth resulting in stillbirth) and links to local vital records offices. It also mentions the State Archives and the Center for Health Statistics. A "Frequent Requests" section is at the bottom, with a red box highlighting "New Records System For Birth Parents, Adult Adoptees". A large red arrow points from this box towards the right side of the page.

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

Governor Chris Christie - Lt. Governor Kim Guadagno
NJ Home | Services A to Z | Departments/Agencies | FAQs

Search All of NJ All File Types submit

How do I...?

About Us Your Health Healthcare Facilities & Services Public Health Health IT, Facts & Findings

Improving Health Through Leadership and Innovation

Vital Statistics

Home Registration of Vital Events Order a Vital Record Correcting a Vital Record Adoption Professional Partners Contact Us

About Vital Statistics and Registry

Español

The Office of Vital Statistics and Registry registers vital events and maintains the following vital records:

- Birth, marriage and death records starting at 1916
- Domestic partnership records starting at 2004
- Civil union records starting at 2007
- Adoptions – foreign and domestic
- Certificate of Birth Resulting in Stillbirth data starting at 1969

Vital records are also available from Local Vital Records Offices in the municipality where the event occurred.

For information about vital records from May 1848 – 1915 visit the State, Archives web page. The Archives also holds microfilm copies of births from 1901-1923, marriages from 1901-1940 and deaths from 1901-1940. These materials are available for in-person use only.

Visit the Center for Health Statistics web page for statistical information on vital events in New Jersey.

Visit the National Center for Health Statistics for information on how to request vital records from other states/jurisdictions.

Please note, New Jersey law protects and restricts the release of vital records. Vital records are **not public records** and cannot be searched online.

Online Resources

Online Requests
Check the Status of a Request

Register a Vital Event

Marriage Licenses
Civil Union Licenses
Domestic Partnerships
Stillbirth
Divorce Decrees

Frequent Requests

- New Records System For Birth Parents, Adult Adoptees
- Frequently Asked Questions
- Contact Us

Adoption Information



Improving Health Through Leadership and Innovation

[Home](#) | [Registration of Vital Events](#) | [Order a Vital Record](#) | [Correcting a Vital Record](#) | [Adoption](#) | [Professional Partners](#) | [Contact Us](#)

[Home](#) > [Adoption](#) > [New Records System For Birth Parents, Adult Adoptees](#)

Adoption

- [Adoptee/Birth Parent FAQs on changes to vital records law](#)
- [Domestic Adoptions](#)
- [Foreign Adoptions](#)

New Records System For Birth Parents, Adult Adoptees

[Español](#)

Birth Parents Can Opt To Remain Anonymous Before Adult Adoptees Gain Access to Birth, Family History



Implementing a new approach to adoption records, the Department of Health is launching the first phase of a process designed to offer adult adoptees access to birth and medical history on file in New Jersey while allowing birth parents to notify the Department of Health of contact preferences or requests for name redactions from birth certificates prior to their release. These records had previously been sealed in New Jersey.

Birth parents who placed children for adoption may now obtain forms from the Health Department to request name redactions. They may also complete family history and contact preference forms, which can be changed at any time and offer options of direct contact, contact through an intermediary, or no contact at this time.

Birth parents who choose to maintain their privacy by having identifying information redacted must submit this request by December 31, 2016 to ensure their privacy will be maintained.

Amendments to the Vital Statistics Law offer opportunities for adult adoptees to obtain uncertified copies of their original birth certificates and for birth parents to identify family medical conditions and opt to have their names redacted from these documents.

Access to Electronic Forms for Birth Parents

A birth parent must submit a completed Family History Information form, including medical, cultural and social history, in order for the contact preference form to be accepted by the State Registrar.

- [New Records System For Birth Parents](#)
- [Department Link to Documents](#)

New Records System for Birth Parents Forms

- [Forms Package \[REG-36\]](#)

includes:

 - [Form A, Contact Preference](#),
 - [Form B, Family History Information](#), and
 - [Form C, Redaction Request](#)
- [Form A, Contact Preference Form \[REG-36A\]](#)
- [Form B, Family History Information Form \[REG-36B\]](#)
- [Form C, Redaction Request Form \[REG-36C\]](#)


Access to Original Birth Certificate for Adult Adoptees

Beginning January 2017, authorized individuals may obtain an uncertified copy of an adoptee's original birth certificate without obtaining a Superior Court Order. The application and instructions below are to be used to make that request. Applications and payment can be submitted prior to January 2017, however, no records will be released until the law's effective date of January 2017.

[Application for an uncertified copy of an adopted person's original birth certificate \[REG-41\]](#)

[Instructions](#)

Birth Parent Forms



STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

NJ Health

Improving Health Through Leadership and Innovation

[About Us](#)[Your Health](#)[Healthcare Facilities & Services](#)[Public Health](#)[Health IT, Facts & Findings](#)

Vital Statistics

[Home](#)[Registration of Vital Events](#)[Order a Vital Record](#)[Correcting a Vital Record](#)[Adoption](#)[Professional Partners](#)[Contact Us](#)

[Home](#) > [Adoption](#) > [New Records System For Birth Parents, Adult Adoptees](#)


Adoption

[Adoptees/Birth Parent FAQs on changes to vital records law](#)[Domestic Adoptions](#)[Foreign Adoptions](#)

New Records System For Birth Parents, Adult Adoptees

[Español](#)

Birth Parents Can Opt To Remain Anonymous Before Adult Adoptees Gain Access to Birth, Family History



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Access to Electronic Forms for Birth Parents

A birth parent must submit a completed Family History Information form, including medical, cultural and social history, in order for the contact preference form to be accepted by the State Registrar.

- New Records System For Birth Parents
- Department Link to Documents

New Records System for Birth Parents Forms

- Forms Package **[REG-36]**
Includes:
 - Form A, Contact Preference,
 - Form B, Family History Information, and
 - Form C, Redaction Request
- Form A, Contact Preference Form **[REG-36A]**
- Form B, Family History Information Form **[REG-36B]**
- Form C, Redaction Request Form **[REG-36C]**

Access to Original Birth Certificate for Adult Adoptees

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Application for an uncertified copy of an adopted person's original birth certificate **[REG-41]**

[Instructions](#)

REG-36A

Contact Preference

3 Page Form

Asks for basic information to help identify the birth record

Informs the Birth Parent that they can submit a revised REG-36A at any time and that they must also fill out a family history



New Jersey Department of Health Vital Statistics and Registry PO Box 370 Trenton, NJ 08625-0370	NEW RECORDS SYSTEM FOR BIRTH PARENTS CONTACT PREFERENCE	A
<p><i>A birth parent of an adopted person may submit a Contact Preference document to the State Registrar indicating his or her preference regarding contact with the adopted individual. The birth parent may change his or her preference at any time by submitting a revised Contact Preference document to the State Registrar.</i></p> <p><i>We need the following information in order to find and match your request with our existing files. If you fail to provide complete and accurate information, then we may be unable to accept and process your request.</i></p> <p>NOTE: You must also complete and submit a Family History Information form, which includes medical, cultural and social history information, in order for your Contact Preference form to be accepted for filing.</p>		
ORIGINAL BIRTH CERTIFICATE INFORMATION		
<p><i>Please provide complete and accurate information. While the Department will diligently search its files for an adoption record that matches your request, it does not warrant, promise or guarantee that it will be able to locate an adoption record that matches the information you provide in your request.</i></p>		
CHILD'S INFORMATION		
Child's FIRST Name on Child's Original Birth Certificate:	<input type="text"/>	
Child's MIDDLE Name on Child's Original Birth Certificate:	<input type="text"/>	
Child's LAST Name on Child's Original Birth Certificate:	<input type="text"/>	
Suffix:	<input type="text"/>	
<p>Note: If you are unsure of the exact date of the child's birth, please enter your best estimate.</p>		
Child's Date of Birth:	<input type="text"/>	<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Country of Birth:	<input type="text"/>	
State of Birth:	<input type="text"/>	
County of Birth:	<input type="text"/>	
Municipality of Birth:	<input type="text"/>	
MOTHER'S INFORMATION		
Mother's FIRST Name on Child's Original Birth Certificate:	<input type="text"/>	
Mother's MIDDLE Name on Child's Original Birth Certificate:	<input type="text"/>	
Mother's LAST Name on Child's Original Birth Certificate:	<input type="text"/>	
Mother's Date of Birth:	<input type="text"/>	
FATHER'S INFORMATION		
Father's FIRST Name on Child's Original Birth Certificate:	<input type="text"/>	
Father's MIDDLE Name on Child's Original Birth Certificate:	<input type="text"/>	
Father's LAST Name on Child's Original Birth Certificate:	<input type="text"/>	
Father's Date of Birth:	<input type="text"/>	

REG-36A

Cont.

Establishes who is filling out the document and their current information

New Jersey Department of Health
Vital Statistics and Registry
PO Box 370
Trenton, NJ 08625-0370

NEW RECORDS SYSTEM FOR BIRTH PARENTS
CONTACT PREFERENCE

A

PARENT INFORMATION

The birth parent information requested below is for processing purposes and will not be released to a requester if you wish to retain your privacy at this time.

Birth Parent's Current First Name:

Birth Parent's Current Middle Name:

Birth Parent's Current Last Name:

Birth Parent's Date of Birth:

Birth Parent's Relationship to Child: ☐ Mother ☐ Father

Phone 1: ☐ Home ☐ Mobile ☐ Work

Phone 2: ☐ Home ☐ Mobile ☐ Work

Phone 3: ☐ Home ☐ Mobile ☐ Work

Email Address:

Mailing Address:

City: State: Zip:

REG-36A

Cont.

Option A: I would like to be contacted directly.

This option will allow the
State to provide page 2 of
REG-36A to the Adoptee

Birth Parents are still
required to fill out family
history information



New Jersey Department of Health
Vital Statistics and Registry
PO Box 370
Trenton, NJ 08625-0370

NEW RECORDS SYSTEM FOR BIRTH PARENTS
CONTACT PREFERENCE

A

The Contact Preference form is only an expression of the birth parent's wishes regarding contact with the adoptee. There is no law requiring the adoptee to follow the preference selected by the birth parent on the form.

BIRTH PARENT'S CONTACT PREFERENCE

State your preference about contact with the adopted child.
Note: Selection is required.

A. ☐ I WOULD LIKE TO BE CONTACTED DIRECTLY.
I have provided the required contact preference information and an updated Family History Information document and am submitting them to the State Registrar as set forth in this document. *(Complete required information on the previous page.)*

B. ☐ I WOULD PREFER TO BE CONTACTED ONLY THROUGH AN INTERMEDIARY.
I have provided the required contact preference information and an updated Family History Information document. I am submitting both to the State Registrar as set forth in this document. I have named the listed individual to act as an intermediary. *(Complete the following required information.)*

Name of Individual or Agency:

Mailing Address:

City: State: Zip:

Phone 1: ☐ Home ☐ Mobile ☐ Work

Phone 2: ☐ Home ☐ Mobile ☐ Work

Phone 3: ☐ Home ☐ Mobile ☐ Work

Email Address:

C. ☐ I WOULD PREFER TO NOT BE CONTACTED AT THIS TIME.
If I decide later that I would like to be contacted, I will submit a revised Contact Preference form to the State Registrar. While I do not wish to be contacted at this time, I have completed the Family History Information form and am submitting it to the State Registrar. Additionally, I understand that because I have indicated a no contact preference I must update the Family History Information form and submit it to the State Registrar every ten (10) years until I reach the age of forty (40) and every five (5) years thereafter.

By signing, I certify that I am the birth parent of the adoptee and, that, to the best of my knowledge, the information I am supplying is correct and accurate. I understand that if I falsely represent that I am the birth parent of the adoptee on this form, then I may be subject to penalties pursuant to N.J.S.A. 26:8-69.

Signature of Birth Parent: Date:

REG-36A

Cont.

Option B: I would prefer to be contacted only through an intermediary



Birth Parents provide name of individual or agency so it can be provided to the Adoptee.

If an agency is listed the state will notify them that they have been designated an intermediary.

Birth Parent must fill out a family history

New Jersey Department of Health
Vital Statistics and Registry
PO Box 370
Trenton, NJ 08625-0370

NEW RECORDS SYSTEM FOR BIRTH PARENTS
CONTACT PREFERENCE

A

The Contact Preference form is only an expression of the birth parent's wishes regarding contact with the adoptee. There is no law requiring the adoptee to follow the preference selected by the birth parent on the form.

BIRTH PARENT'S CONTACT PREFERENCE

State your preference about contact with the adopted child.
Note: Selection is required.

A. ☐ I WOULD LIKE TO BE CONTACTED DIRECTLY.
I have provided the required contact preference information and an updated Family History Information document and am submitting them to the State Registrar as set forth in this document. *(Complete required information on the previous page.)*

B. ☐ I WOULD PREFER TO BE CONTACTED ONLY THROUGH AN INTERMEDIARY.
I have provided the required contact preference information and an updated Family History Information document. I am submitting both to the State Registrar as set forth in this document. I have named the listed individual to act as an intermediary. *(Complete the following required information.)*

Name of Individual or Agency:

Mailing Address:

City: State: Zip:

Phone 1: ☐ Home ☐ Mobile ☐ Work

Phone 2: ☐ Home ☐ Mobile ☐ Work

Phone 3: ☐ Home ☐ Mobile ☐ Work

Email Address:

C. ☐ I WOULD PREFER TO NOT BE CONTACTED AT THIS TIME.
If I decide later that I would like to be contacted, I will submit a revised Contact Preference form to the State Registrar. While I do not wish to be contacted at this time, I have completed the Family History Information form and am submitting it to the State Registrar. Additionally, I understand that because I have indicated a no contact preference I must update the Family History Information form and submit it to the State Registrar every ten (10) years until I reach the age of forty (40) and every five (5) years thereafter.

By signing, I certify that I am the birth parent of the adoptee and, that, to the best of my knowledge, the information I am supplying is correct and accurate. I understand that if I falsely represent that I am the birth parent of the adoptee on this form, then I may be subject to penalties pursuant to N.J.S.A. 26:8-69.

Signature of Birth Parent: Date:

REG-36A
AUG 15

For questions or additional information:
www.nj.gov/health/vital • 856-649-8726, EXT. 582

Page 3 of 3.

REG-36A

Cont.

Option C: I would not prefer to be contacted at this time.

Birth Parents are required
to file a family history and
update it every 10 years
until the age of 40, and
every 5 years thereafter



New Jersey Department of Health
Vital Statistics and Registry
PO Box 370
Trenton, NJ 08625-0370

NEW RECORDS SYSTEM FOR BIRTH PARENTS
CONTACT PREFERENCE

A

The Contact Preference form is only an expression of the birth parent's wishes regarding contact with the adoptee. There is no law requiring the adoptee to follow the preference selected by the birth parent on the form.

BIRTH PARENT'S CONTACT PREFERENCE

State your preference about contact with the adopted child.
Note: Selection is required.

A. ☐ I WOULD LIKE TO BE CONTACTED DIRECTLY.
I have provided the required contact preference information and an updated Family History Information document and am submitting them to the State Registrar as set forth in this document. *(Complete required information on the previous page.)*

B. ☐ I WOULD PREFER TO BE CONTACTED ONLY THROUGH AN INTERMEDIARY.
I have provided the required contact preference information and an updated Family History Information document. I am submitting both to the State Registrar as set forth in this document. I have named the listed individual to act as an intermediary. *(Complete the following required information.)*

Name of Individual or Agency:

Mailing Address:

City: State: Zip:

Phone 1: ☐ Home ☐ Mobile ☐ Work

Phone 2: ☐ Home ☐ Mobile ☐ Work

Phone 3: ☐ Home ☐ Mobile ☐ Work

Email Address:

C. ☐ I WOULD PREFER TO NOT BE CONTACTED AT THIS TIME.
If I decide later that I would like to be contacted, I will submit a revised Contact Preference form to the State Registrar. While I do not wish to be contacted at this time, I have completed the Family History Information form and am submitting it to the State Registrar. Additionally, I understand that because I have indicated a no contact preference I must update the Family History Information form and submit it to the State Registrar every ten (10) years until I reach the age of forty (40) and every five (5) years thereafter.

By signing, I certify that I am the birth parent of the adoptee and, that, to the best of my knowledge, the information I am supplying is correct and accurate. I understand that if I falsely represent that I am the birth parent of the adoptee on this form, then I may be subject to penalties pursuant to N.J.S.A. 26:9-69.

Signature of Birth Parent: Date:

REG-36B Family History

7 Page Form

Asks for basic information
to identify the birth
record

New Jersey Department of Health
Vital Statistics and Registry
PO Box 370
Trenton, NJ 08625-0370

NEW RECORDS SYSTEM FOR BIRTH PARENTS FAMILY HISTORY INFORMATION

B

ORIGINAL BIRTH CERTIFICATE INFORMATION

Please provide complete and accurate information. While the Department will diligently search its files for an adoption record that matches your request, it does not warrant, promise or guarantee that it will be able to locate an adoption record that matches the information you provide in your request.

CHILD'S INFORMATION

Child's FIRST Name on Child's Original Birth Certificate:

Child's MIDDLE Name on Child's Original Birth Certificate:

Child's LAST Name on Child's Original Birth Certificate:

Suffix:

Child's Date of Birth:

☐ Actual ☐ Estimate

Sex: ☐ Male ☐ Female

Country of Birth:

State of Birth:

County of Birth:

Municipality of Birth:

MOTHER'S INFORMATION

Mother's FIRST Name on Child's Original Birth Certificate:

Mother's MIDDLE Name on Child's Original Birth Certificate:

Mother's LAST Name on Child's Original Birth Certificate:

Mother's Date of Birth:

FATHER'S INFORMATION

Father's FIRST Name on Child's Original Birth Certificate:

Father's MIDDLE Name on Child's Original Birth Certificate:

Father's LAST Name on Child's Original Birth Certificate:

Father's Date of Birth:

REG-36B

Cont.

New Jersey Department of Health
Vital Statistics and Registry
PO Box 370
Trenton, NJ 08625-0370

NEW RECORDS SYSTEM FOR BIRTH PARENTS FAMILY HISTORY INFORMATION

B

BIRTH PARENT INFORMATION

NOTE: The birth parent information requested below is for processing purposes and will not be released to a requester if you wish to retain your privacy at this time.

Birth Parent's Current First Name:

Birth Parent's Current Middle Name:

Birth Parent's Current Last Name:

Birth Parent's Date of Birth:

Birth Parent's Relationship to Child: ☐ Mother ☐ Father

Phone 1: ☐ Home ☐ Mobile ☐ Work

Phone 2: ☐ Home ☐ Mobile ☐ Work

Phone 3: ☐ Home ☐ Mobile ☐ Work

Email Address:

Mailing Address:

City: State: Zip:

REG-36B

Cont.

Asks for physical characteristics:

- Eye Color
- Weight
- Hair Color
- Skin Color
- Race

Social Characteristics:

- Primary Language
- Education Level
- Nationality
- Ethnic Background

Medical:

- Blood Type

New Jersey Department of Health
Vital Statistics and Registry
PO Box 370
Trenton, NJ 08625-0370

NEW RECORDS SYSTEM FOR BIRTH PARENTS FAMILY HISTORY INFORMATION

B

BIRTH PARENT DEMOGRAPHIC INFORMATION

Your Current Age:	<input type="text"/>	Eye Color:	<input type="text"/>	Blood Type:	<input type="text"/>
Height (inches):	<input type="text"/>	Hair Color:	<input type="text"/>	Primary Language Spoken:	<input type="text"/>
Weight (lbs.):	<input type="text"/>	Race:	<input type="text"/>	Nationality (Citizenship):	<input type="text"/>
Religion:	<input type="text"/>	Skin Color:	<input type="text"/>		
Highest Level of Education:	<input type="text"/>	Ethnic Background:	<input type="text"/>		
Your Place of Birth:					
Country:	<input type="text"/>	State:	<input type="text"/>	City:	<input type="text"/>

BIOLOGICAL INFORMATION ON DECEASED FAMILY MEMBERS

List your family members who have passed away, age at death, and cause of death:

Relationship*:	<input type="text"/>	Age at Death:	<input type="text"/>	Cause of Death:	<input type="text"/>
Relationship*:	<input type="text"/>	Age at Death:	<input type="text"/>	Cause of Death:	<input type="text"/>
Relationship*:	<input type="text"/>	Age at Death:	<input type="text"/>	Cause of Death:	<input type="text"/>
Relationship*:	<input type="text"/>	Age at Death:	<input type="text"/>	Cause of Death:	<input type="text"/>
Relationship*:	<input type="text"/>	Age at Death:	<input type="text"/>	Cause of Death:	<input type="text"/>
Relationship*:	<input type="text"/>	Age at Death:	<input type="text"/>	Cause of Death:	<input type="text"/>
Relationship*:	<input type="text"/>	Age at Death:	<input type="text"/>	Cause of Death:	<input type="text"/>
Relationship*:	<input type="text"/>	Age at Death:	<input type="text"/>	Cause of Death:	<input type="text"/>
Relationship*:	<input type="text"/>	Age at Death:	<input type="text"/>	Cause of Death:	<input type="text"/>
Relationship*:	<input type="text"/>	Age at Death:	<input type="text"/>	Cause of Death:	<input type="text"/>

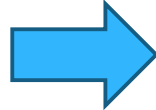
*Relationship choices: •Mother •Son •Maternal Grandmother •Paternal Grandmother •Sister •Aunt
•Father •Daughter •Maternal Grandfather •Paternal Grandfather •Brother •Uncle
•Other Biological Parent

REG-36B

Cont.

Need to List the age and cause of death for:

- Mother
- Father
- Children
- Grandparents
- Siblings
- Aunts
- Uncles



New Jersey Department of Health Vital Statistics and Registry PO Box 370 Trenton, NJ 08625-0370		NEW RECORDS SYSTEM FOR BIRTH PARENTS FAMILY HISTORY INFORMATION		B
BIRTH PARENT DEMOGRAPHIC INFORMATION				
Your Current Age:	<input type="text"/>	Eye Color:	<input type="text"/>	Blood Type:
Height (inches):	<input type="text"/>	Hair Color:	<input type="text"/>	Primary Language Spoken:
Weight (lbs.):	<input type="text"/>	Race:	<input type="text"/>	Nationality (Citizenship):
Religion:	<input type="text"/>	Skin Color:	<input type="text"/>	
Highest Level of Education:	<input type="text"/>	Ethnic Background:	<input type="text"/>	
Your Place of Birth:		Country:	<input type="text"/>	State:
			<input type="text"/>	City:
			<input type="text"/>	<input type="text"/>
BIOLOGICAL INFORMATION ON DECEASED FAMILY MEMBERS				
<i>List your family members who have passed away, age at death, and cause of death:</i>				
Relationship*:	<input type="text"/>	Age at Death:	<input type="text"/>	Cause of Death:
Relationship*:	<input type="text"/>	Age at Death:	<input type="text"/>	Cause of Death:
Relationship*:	<input type="text"/>	Age at Death:	<input type="text"/>	Cause of Death:
Relationship*:	<input type="text"/>	Age at Death:	<input type="text"/>	Cause of Death:
Relationship*:	<input type="text"/>	Age at Death:	<input type="text"/>	Cause of Death:
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Relationship*:	<input type="text"/>	Age at Death:	<input type="text"/>	Cause of Death:
Relationship*:	<input type="text"/>	Age at Death:	<input type="text"/>	Cause of Death:
Relationship*:	<input type="text"/>	Age at Death:	<input type="text"/>	Cause of Death:
<i>*Relationship choices:</i> <ul style="list-style-type: none"> •Mother •Father •Other Biological Parent •Son •Daughter •Maternal Grandmother •Maternal Grandfather •Paternal Grandmother •Paternal Grandfather •Sister •Brother •Aunt •Uncle 				

REG-36B

Cont.

Asks who had/has condition (self or relative)

Leaves room for comments by the Birth Parents

Lists various conditions by category:

- Heart
- Brain
- Lungs
- Kidney

New Jersey Department of Health Vital Statistics and Registry PO Box 370 Trenton, NJ 08625-0370		NEW RECORDS SYSTEM FOR BIRTH PARENTS FAMILY HISTORY INFORMATION		B
MEDICAL HISTORY				
For each of the medical conditions listed below, please check the appropriate column indicating whether you or any of your blood relatives (mother, father, sisters, brothers, grandparents, aunts, or uncles) or any other of your children have the condition(s) listed. Comments should include information on age of onset or diagnosis, treatments received or hospitalizations for condition, etc. <i>Note: All fields under this section are required.</i>				
HEART AND BLOOD VESSELS				
Medical Condition	Response		Comments	
Congenital Heart Defect	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)		
Congestive Heart Failure	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)		
Atherosclerosis	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)		
Hypertension (High Blood Pressure)	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)		
Stroke	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)		
Heart Attack	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)		
Other Cardiovascular Problems	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)		
BRAIN AND NERVES				
Medical Condition	Response		Comments	
Cerebral Palsy	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)		
Seizures, Convulsions or Epilepsy	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)		
LUNGS				
Medical Condition	Response		Comments	
Chronic Bronchitis	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)		
Emphysema	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)		
Asthma	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)		
Hay Fever or Other Allergies; Food or Drug Allergies	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)		
Tuberculosis	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)		
KIDNEY				
Medical Condition	Response		Comments	
Kidney Disease	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)		

REG-36B

Cont.

- Blood Disorders
- Joints
- Endocrine
- Mental
- Skin
- Developmental

New Jersey Department of Health
Vital Statistics and Registry
PO Box 370
Trenton, NJ 08625-0370

NEW RECORDS SYSTEM FOR BIRTH PARENTS FAMILY HISTORY INFORMATION

B

MEDICAL HISTORY, CONTINUED

For each of the medical conditions listed below, please check the appropriate column indicating whether you or any of your blood relatives (mother, father, sisters, brothers, grandparents, aunts, or uncles) or any other of your children have the condition(s) listed. Comments should include information on age of onset or diagnosis, treatments received or hospitalizations for condition, etc.
Note: All fields under this section are required.

BLOOD DISORDER

Medical Condition

Sickle Cell Anemia or Tay-Sachs Disease

Response

☐ No ☐ Yes (Self)
☐ Not Known ☐ Yes (Relative)

Comments

JOINTS / SKELETON

Medical Condition

Scoliosis

Response

☐ No ☐ Yes (Self)
☐ Not Known ☐ Yes (Relative)

Comments

Any Other Malformations

Response

☐ No ☐ Yes (Self)
☐ Not Known ☐ Yes (Relative)

Comments

ENDOCRINE (GLANDS)

Medical Condition

Thyroid Disorder

Response

☐ No ☐ Yes (Self)
☐ Not Known ☐ Yes (Relative)

Comments

Diabetes

Response

☐ No ☐ Yes (Self)
☐ Not Known ☐ Yes (Relative)

Comments

Other Hormonal Disorder

Response

☐ No ☐ Yes (Self)
☐ Not Known ☐ Yes (Relative)

Comments

PSYCHOSOCIAL

Medical Condition

Schizophrenia, Bipolar Disorder, or Chronic Depression

Response

☐ No ☐ Yes (Self)
☐ Not Known ☐ Yes (Relative)

Comments

Alcoholism, Drug Addiction or Tobacco Use

Response

☐ No ☐ Yes (Self)
☐ Not Known ☐ Yes (Relative)

Comments

Anorexia or Bulimia

Response

☐ No ☐ Yes (Self)
☐ Not Known ☐ Yes (Relative)

Comments

Other Mental or Emotional Illnesses

Response

☐ No ☐ Yes (Self)
☐ Not Known ☐ Yes (Relative)

Comments

SKIN DISORDERS

Medical Condition

Eczema or Other Skin Conditions

Response

☐ No ☐ Yes (Self)
☐ Not Known ☐ Yes (Relative)

Comments

DEVELOPMENTAL

Medical Condition

Learning Disability

Response

☐ No ☐ Yes (Self)
☐ Not Known ☐ Yes (Relative)

Comments

Mental or Physical Development Deficiencies

Response

☐ No ☐ Yes (Self)
☐ Not Known ☐ Yes (Relative)

Comments

Autism Spectrum

Response

☐ No ☐ Yes (Self)
☐ Not Known ☐ Yes (Relative)

Comments

REG-36B

Cont.

- Neurological
- Genetic
- Motor Deficiencies
- Cancer

New Jersey Department of Health
Vital Statistics and Registry
PO Box 370
Trenton, NJ 08625-0370

NEW RECORDS SYSTEM FOR BIRTH PARENTS FAMILY HISTORY INFORMATION

B

MEDICAL HISTORY, CONTINUED

For each of the medical conditions listed below, please check the appropriate column indicating whether you or any of your blood relatives (mother, father, sisters, brothers, grandparents, aunts, or uncles) or any other of your children have the condition(s) listed. Comments should include information on age of onset or diagnosis, treatments received or hospitalizations for condition, etc.
Note: All fields under this section are required.

NEUROLOGICAL

Medical Condition	Response		Comments
Blindness, Glaucoma or Other Visual Problems	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)	
Deafness or Other Ear Problems	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)	
Speech Problem	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)	
Muscular Dystrophy	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)	

GENETIC

Medical Condition	Response		Comments
Club Foot, Cleft Lip or Palate	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)	
Down's Syndrome	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)	

MOTOR DEFICIENCIES

Medical Condition	Response		Comments
Multiple Sclerosis	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)	
Other Paralysis or Crippling Disorder	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)	

CANCER

Medical Condition	Response		Comments
Cancer (Breast, Ovarian, Cervical, Prostate, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)	
Tumors	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)	
Cystic Fibrosis	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)	
Huntington's Disease	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)	

REG-36B

Cont.

Asks for Social & Cultural Information about Birth Parents:

- Drug & alcohol use during pregnancy
- Relationship of Birth Parents
- Special circumstances around the pregnancy
- Birth Mother reproductive health

Also leaves space for the any additional information that the Birth Parent feels is important

**New Jersey Department of Health
Vital Statistics and Registry
PO Box 370
Trenton, NJ 08625-0370**

**NEW RECORDS SYSTEM FOR BIRTH PARENTS
FAMILY HISTORY INFORMATION**

B

MEDICAL HISTORY, CONTINUED

*For each of the medical conditions listed below, please check the appropriate column indicating whether you or any of your blood relatives (mother, father, sisters, brothers, grandparents, aunts, or uncles) or any other of your children have the condition(s) listed. Comments should include information on age of onset or diagnosis, treatments received or hospitalizations for condition, etc.
Note: All fields under this section are required.*

Medical Condition	Response		Comments
Any Other Conditions You or Others in Your Family May Have	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self) <input type="checkbox"/> Yes (Relative)	

SOCIAL/CULTURAL BACKGROUND

Cultural Background	Response		Comments
Prescription Drugs Taken During Pregnancy	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self)	
Non-Prescription Drugs Taken During Pregnancy	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self)	
Alcohol Use During Pregnancy	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self)	
Amphetamines or Barbiturates Used During Pregnancy	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self)	
Are birth parents related to each other (other than by marriage)?	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self)	
Were there special circumstances surrounding conception, pregnancy or delivery?	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self)	
Can you provide information about the mother's reproductive life (for example, the age at first menses; age at menopause, miscarriages or fertility issues)?	<input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Yes (Self)	

Please provide any additional information related to the Medical / Social / Cultural History section:

By signing, I certify that I am the birth parent of the adoptee and, that, to the best of my knowledge, the information I am supplying is correct and accurate. I understand that if I falsely represent that I am the birth parent of the adoptee on this form, then I may be subject to penalties pursuant to N.J.S.A. 26:9-69.

Signature of Birth Parent:

Date:

REG-36B
AUG 15

For questions or additional information:
www.nj.gov/health/vital • 866-649-8726, EXT. 582

Page 7 of 7.

REG-36C

Redaction Request

2 Page Form

Asks for basic information to identify the birth record

New Jersey Department of Health
Vital Statistics and Registry
PO Box 370
Trenton, NJ 08625-0370

NEW RECORDS SYSTEM FOR BIRTH PARENTS REDACTION REQUEST

C

For adoptions finalized before August 1, 2015, a birth parent may maintain continued privacy by directing the State Registrar to redact his or her personal identifying information from his or her biological child's original birth certificate prior to release to an authorized applicant. Birth parents must make this request on or before December 31, 2016 to ensure their privacy will be maintained.

ORIGINAL BIRTH CERTIFICATE INFORMATION

Please provide complete and accurate information. While the Department will diligently search its files for an adoption record that matches your request, it does not warrant, promise or guarantee that it will be able to locate an adoption record that matches the information you provide in your request.

CHILD'S INFORMATION

Child's FIRST Name on Child's Original Birth Certificate:

Child's MIDDLE Name on Child's Original Birth Certificate:

Child's LAST Name on Child's Original Birth Certificate:

Suffix:

Child's Date of Birth: ☐ Actual ☐ Estimate

Sex: ☐ Male ☐ Female

Country of Birth:

State of Birth:

County of Birth:

Municipality of Birth:

MOTHER'S INFORMATION

Mother's FIRST Name on Child's Original Birth Certificate:

Mother's MIDDLE Name on Child's Original Birth Certificate:

Mother's LAST Name on Child's Original Birth Certificate:

Mother's Date of Birth:

FATHER'S INFORMATION

Father's FIRST Name on Child's Original Birth Certificate:

Father's MIDDLE Name on Child's Original Birth Certificate:

Father's LAST Name on Child's Original Birth Certificate:

Father's Date of Birth:

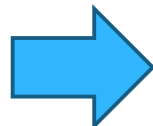
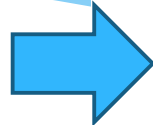
REG-36C

Cont.

Requests contact information from the Birth Parent

Birth Parent can check what items they would like redacted from the original birth record

Can only redact their own information, not the other birth parents



New Jersey Department of Health
Vital Statistics and Registry
PO Box 370
Trenton, NJ 08625-0370

NEW RECORDS SYSTEM FOR BIRTH PARENTS
REDACTION REQUEST

C

BIRTH PARENT INFORMATION

NOTE: The birth parent information requested below is for processing purposes and will not be released to a requester if you wish to retain your privacy at this time.

Birth Parent's Current First Name:

Birth Parent's Current Middle Name:

Birth Parent's Current Last Name:

Birth Parent's Date of Birth:

Phone 1: ☐ Home ☐ Mobile ☐ Work

Phone 2: ☐ Home ☐ Mobile ☐ Work

Phone 3: ☐ Home ☐ Mobile ☐ Work

Email Address:

Mailing Address:

City: State: Zip:

The items listed below may be redacted.

- Please check each item that is applicable to you that you DO NOT want to be made available to the requestor of the original birth certificate.
- Please note that a birth parent may only redact his or her own identifying information. In other words, a birth mother may not request that the identifying information of the birth father be redacted; she may only request that information relating to her be redacted.

Birth Parent's Relationship to Child:

☐ BIRTH MOTHER

Check (✓) the items to be redacted:

- ☐ Mother's Maiden Name
- ☐ Mother's Legal Name
- ☐ Mother's Date of Birth
- ☐ Mother's Birthplace
- ☐ Mother's Residency Address (Street, Municipality, County, State and Zip)
- ☐ Mother's Mailing Address (Street/PO Box, Municipality, County, State and Zip)

☐ BIRTH FATHER

Check (✓) the items to be redacted:

- ☐ Father's Name
- ☐ Father's Date of Birth
- ☐ Father's Birthplace
- ☐ Father's Residency Address (Street, Municipality, County, State and Zip)
- ☐ Father's Mailing Address (Street/PO Box, Municipality, County, State and Zip)

By signing, I certify that I am the birth parent of the adoptee and, that, to the best of my knowledge, the information I am supplying is correct and accurate. I understand that if I falsely represent that I am the birth parent of the adoptee on this form, then I may be subject to penalties pursuant to N.J.S.A. 26:9-69.

Signature of Birth Parent: Date:

Adoptee Forms

Information for Adoptees and the links to the Uncertified Copy Request for Original Birth Certificate (REG-41) form and the directions can be found on the bottom of the New Records System page



STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

Governor Chris Christie · Lt. Governor Kim Guadagno
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Home > Adoption > New Records System For Birth Parents, Adult Adoptees

Adoption

- Adoptee/Birth Parent FAQs on changes to vital records law
- Domestic Adoptions
- Foreign Adoptions

New Records System For Birth Parents, Adult Adoptees

Birth Parents Can Opt To Remain Anonymous Before Adult Adoptees Gain Access to Birth, Family History.

Implementing a new approach to adoption records, the Department of Health is launching the first phase of a process designed to offer adult adoptees access to birth and medical history on file in New Jersey while allowing birth parents to notify the Department of Health of contact preferences or requests for name redactions from birth certificates prior to their release. These records had previously been sealed in New Jersey.

Birth parents who placed children for adoption may now obtain forms from the Health Department to request name redactions. They may also complete family history and contact preference forms, which can be changed at any time and offer options of direct contact, contact through an intermediary, or no contact at this time.

Birth parents who choose to maintain their privacy by having identifying information redacted must submit this request by December 31, 2016 to ensure their privacy will be maintained.

Amendments to the Vital Statistics Law offer opportunities for adult adoptees to obtain uncertified copies of their original birth certificates and for birth parents to identify family medical conditions and opt to have their names redacted from these documents.

Access to Electronic Forms for Birth Parents

A birth parent must submit a completed Family History Information form, including medical, cultural and social history, in order for the contact preference form to be accepted by the State Registrar.

- New Records System For Birth Parents
- Department Link to Documents
 - New Records System for Birth Parents Forms
 - Forms Package (REG-36) includes:
 - Form A, Contact Preference, Form B, Family History Information, and Form C, Redaction Request
 - Form A, Contact Preference Form (REG-36A)
 - Form B, Family History Information Form (REG-36B)
 - Form C, Redaction Request Form (REG-36C)

Access to Original Birth Certificate for Adult Adoptees

Beginning January 2017, authorized individuals may obtain an uncertified copy of an adoptee's original birth certificate without obtaining a Superior Court Order. The application and instructions below are to be used to make that request. Applications and payment can be submitted prior to January 2017, however, no records will be released until the law's effective date of January 2017.

Application for an uncertified copy of an adopted person's original birth certificate (REG-41)

Instructions

REG-41

Looks similar to the certified copy request form that the Local Registrars are all familiar with

Asks for basic information on the requester

Required information to identify the record

Additional information that would be helpful in identifying the record

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

APPLICATION FOR AN UNCERTIFIED COPY OF AN ADOPTED PERSON'S ORIGINAL BIRTH RECORD

Amendments to the Vital Statistics Law offer opportunities for adult adopted persons to obtain uncertified copies of their original birth certificates effective January 1, 2017.

A qualified applicant will receive an uncertified copy of the adoptee's Original Birth Certificate, which will be clearly marked that it is for informational purposes only. The uncertified copy cannot be used for legal proof of identity, citizenship or as a substitute for an Official Birth Certificate. Under the new law, a birth parent is permitted to redact his or her personal identifying information from his or her biological child's original birth certificate if the adoption was finalized before August 1, 2015, and the birth parent makes the redaction request on or before December 31, 2016. Therefore, a copy of the adopted person's original birth certificate may have birth parent information redacted from it. The applicant may also receive family history information and birth parent contact information, if this information was supplied by the birth parents. Birth parents have the option of no contact, direct contact or contact through an intermediary.

Please fill out and return this application by mail to the address above. The fee for uncertified copies is \$25 for the first copy and \$2 for each additional copy ordered at the same time. Please make your check or money order payable to "Treasurer, State of New Jersey."

We need the following information in order to find and match your request with our existing files. If you fail to provide complete and accurate information, then we may be unable to accept and process your request. While the Department will diligently search its files for an adoption record that matches your request, it does not warrant, promise or guarantee that it will be able to locate an adoption record that matches the information you provide in your request.

INFORMATION ON PERSON (APPLICANT) MAKING REQUEST				
Full Legal (Current) Name of Applicant (First, Middle, Last)			Relationship to Person Named on Birth Record <input type="checkbox"/> Adopted person (self) <input type="checkbox"/> Direct descendant, sibling or spouse of the adopted person <input type="checkbox"/> Adoptive parent, legal guardian or other legal representative of the adopted person <input type="checkbox"/> Agency of the State or Federal government for official purposes	
Current Mailing Address (Street/PO Box/Apt. #) (Must Match Address on ID)				
City	State	Zip Code		Daytime Telephone Number
Applicant's Signature		Date of Application		
INFORMATION ON SUBJECT OF THE BIRTH RECORD (ADOPTED PERSON) [From the adoptee's current, post-adoption birth certificate (In case information was changed at time of adoption)]				
REQUIRED INFORMATION				
Full Name on Current Birth Record (Name at Adoption) (First, Middle, Last)			Number of Copies Requested	
Place of Birth (City, Town)		Place of Birth (County)	Exact Date of Birth	
Full Name of Adoptive Mother/Parent (First, Middle, Last)			Maiden Surname of Adoptive Mother	
Full Name of Adoptive Father/Parent (First, Middle, Last)				
ADDITIONAL INFORMATION, IF KNOWN, TO THE BEST OF THE APPLICANT'S KNOWLEDGE				
Full Name on Original, Pre-Adoption Birth Record, if Known (First, Middle, Last)			Date of Birth on Original, if Known (if different from above)	
Full Name of Birth Mother/Parent, if Known (First, Middle, Last)			Maiden Surname of Birth Mother, if Known	
Full Name of Birth Father/Parent, if Known (First, Middle, Last)				
Application Check List: Have you enclosed and completed all required information? <input type="checkbox"/> All Items on Application <input type="checkbox"/> Payment <input type="checkbox"/> Acceptable Forms of ID <input type="checkbox"/> Proof of Relationship <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		Payment Amount: \$	ID Viewed: Processed By	

REG-41
MAY 16

REG-41

Cont.

Clearly states this will not be legal copy but rather informational, uncertified copy

Fee is \$25 for the first copy & \$2 per copy thereafter

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

APPLICATION FOR AN UNCERTIFIED COPY OF AN ADOPTED PERSON'S ORIGINAL BIRTH RECORD

Amendments to the Vital Statistics Law offer opportunities for adult adopted persons to obtain uncertified copies of their original birth certificates effective January 1, 2017.

A qualified applicant will receive an uncertified copy of the adoptee's Original Birth Certificate, which will be clearly marked that it is for informational purposes only. The uncertified copy cannot be used for legal proof of identity, citizenship or as a substitute for an Official Birth Certificate. Under the new law, a birth parent is permitted to redact his or her personal identifying information from his or her biological child's original birth certificate if the adoption was finalized before August 1, 2015, and the birth parent makes the redaction request on or before December 31, 2016. Therefore, a copy of the adopted person's original birth certificate may have birth parent information redacted from it. The applicant may also receive family history information and birth parent contact information, **if this information was supplied by the birth parents.** Birth parents have the option of no contact, direct contact or contact through an intermediary.

Please fill out and return this application by mail to the address above. The fee for uncertified copies is \$25 for the first copy and \$2 for each additional copy ordered at the same time. Please make your check or money order payable to "Treasurer, State of New Jersey."

We need the following information in order to find and match your request with our existing files. If you fail to provide complete and accurate information, then we may be unable to accept and process your request. While the Department will diligently search its files for an adoption record that matches your request, it does not warrant, promise or guarantee that it will be able to locate an adoption record that matches the information you provide in your request.

INFORMATION ON PERSON (APPLICANT) MAKING REQUEST			
Full Legal (Current) Name of Applicant (First, Middle, Last)			Relationship to Person Named on Birth Record <input type="checkbox"/> Adopted person (self) <input type="checkbox"/> Direct descendant, sibling or spouse of the adopted person <input type="checkbox"/> Adoptive parent, legal guardian or other legal representative of the adopted person <input type="checkbox"/> Agency of the State or Federal government for official purposes
Current Mailing Address (Street/PO Box/Apt. #) (Must Match Address on ID)			
City	State	Zip Code	
Applicant's Signature		Date of Application	
Daytime Telephone Number			
INFORMATION ON SUBJECT OF THE BIRTH RECORD (ADOPTED PERSON) [From the adoptee's current, post-adoption birth certificate (in case information was changed at time of adoption)]			
REQUIRED INFORMATION			
Full Name on Current Birth Record (Name at Adoption) (First, Middle, Last)			Number of Copies Requested
Place of Birth (City, Town)		Place of Birth (County)	Exact Date of Birth
Full Name of Adoptive Mother/Parent (First, Middle, Last)			Maiden Surname of Adoptive Mother
Full Name of Adoptive Father/Parent (First, Middle, Last)			
ADDITIONAL INFORMATION, IF KNOWN, TO THE BEST OF THE APPLICANT'S KNOWLEDGE			
Full Name on Original, Pre-Adoption Birth Record, if Known (First, Middle, Last)			Date of Birth on Original, if Known (if different from above)
Full Name of Birth Mother/Parent, if Known (First, Middle, Last)			Maiden Surname of Birth Mother, if Known
Full Name of Birth Father/Parent, if Known (First, Middle, Last)			

Application Check List: Have you enclosed and completed all required information?

☐ All Items on Application ☐ Payment ☐ Acceptable Forms of ID ☐ Proof of Relationship ☐ Mailing Address Matches ID

FOR STATE USE ONLY			
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check	Payment Amount: \$	ID Viewed:	Processed By

REG-41

Instructions

Explains:

- Who can apply
- Everything you need to apply
- Where to mail it to
- What you will get

New Jersey Department of Health
Vital Statistics and Registry
PO Box 370
Trenton, NJ 08625-0370

APPLICATION FOR AN UNCERTIFIED COPY OF AN ADOPTED PERSON'S ORIGINAL BIRTH RECORD INSTRUCTIONS

Who May Apply?

Beginning January 1, 2017, individuals authorized by state law may obtain an uncertified copy of an original birth record established prior to an adoption without first obtaining a Superior Court Order.

Pursuant to N.J.S.A. 26:8-40.1, the following individuals are authorized to receive an uncertified, long-form copy of an adopted person's original certificate of birth:

A person 18 years of age or older who can establish himself or herself as one of the following:

- The adopted person;
- A direct descendant, sibling or spouse of the adopted person;
- An adoptive parent, legal guardian or other legal representative of the adopted person; or
- An agency of the State or federal government for official purposes.

How to Obtain an Adopted Person's Original Birth Certificate:

If you are authorized to receive an uncertified copy of an adopted person's original birth record, then you may obtain the birth certificate by mailing the following to the Department of Health, Office of Vital Statistics and Registry:

- Application form REG-41;
- Copies of all identification items listed below;
- Documentation listed below to establish your relationship to the adoptee;
- Fee of \$25 for the first copy and \$2 for each additional copy ordered at the same time
 - Please do not send cash by mail. Checks and money orders should be made payable to the State Treasurer of New Jersey.
 - For applications received prior to January 2017, we will search for the record and cash your check, but documents will not be mailed out until January 2017, in accordance with the law.

Mail to: Office of Vital Statistics and Registry
Adoption Request Unit
PO Box 370
Trenton, NJ 08625-0370

What You Will Receive if You Meet the Requirements for Receipt of an Uncertified Copy of the Adopted Person's Original Birth Certificate and if the Office of Vital Statistics and Registry Locates the Requested Birth Record:


- A non-certified copy of the adopted person's original birth record, which will clearly state "ISSUED FOR INFORMATIONAL PURPOSES ONLY. NOT TO BE USED FOR IDENTIFICATION OR LEGAL PURPOSES."
 - For adoptions finalized before August 1, 2015, a birth parent may direct the State Registrar to redact his or her personal identifying information from their biological child's original birth certificate. Birth parents must make this request on or before December 31, 2016 in order for their redaction request to be accepted. Therefore, a copy of the adopted person's original birth record may have birth parent information redacted.

REG-41

Instructions

Cont.

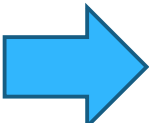
How you will receive the record



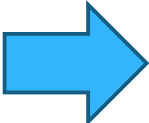
Identification requirements for the Adoptee



Identification requirements for direct descendants, Siblings or spouse



Identification requirements for an Adoptive Parent, legal guardian, or other legal representative



- Contact information for birth parents, IF provided by birth parents.
- Family History (medical, social and cultural), IF provided by birth parents.

How Do You Receive Your Record?

- Your record will be mailed to you at the address on your application through regular first class mail.
- Processing time is approximately 4 to 6 weeks from receipt of request.
- No requests will be mailed prior to the law's effective date of January 1, 2017.
- Adoptees may apply for their record at any time, but we will not mail out orders prior to January 2017.

Identification Requirements:

If you are applying for your OWN record, the following are acceptable forms of ID:

- A current, valid photo driver's license or photo non-driver's license with your current address; **OR**
- A current, valid driver's license without photo and one alternate form of ID with your current address; **OR**
- A copy of your current, legal birth certificate; **OR**
- Two alternate forms of ID, one of which must have your current address:
 - Vehicle registration
 - Vehicle insurance card
 - Voter registration
 - US/Foreign Passport
 - Immigrant Visa
 - Permanent Resident Card (Green card)
 - Government Issued ID: Federal, State, County or Municipal
 - School ID
 - Bank Statement (within previous 90 days)
 - Utility bill (within the previous 90 days)
 - Tax Return or W-2 for current/previous tax year.
- If you have assumed your spouse's/civil union partner's last name, you must provide a copy of the certified copy of your marriage/civil union certificate to link the name on your current ID to the name on your birth certificate.

If you are applying for the record of an adoptee for whom you are a direct descendant, a sibling or the spouse of the adopted person:

- ID as indicated above;
- Your own birth certificate;
- If you have assumed your spouse's/civil union partner's last name, you must provide a copy of the certified copy of your marriage/civil union certificate to link the name on your current ID to the name on your birth certificate; **AND**
- You must establish that you are the person's sibling, child, or spouse by providing proof that links the name on your ID to the name of the adoptee. For example; your birth certificate showing common parent(s), the adoptee's name as your parent on your birth certificate, or a marriage certificate with the adoptee's name.

If you are applying for the record of an adoptee for whom you are either an adoptive parent, legal guardian or other legal representative of the adopted person:

- ID as indicated above.
- Adoptee's legal birth certificate (post adoption) for adoptive parents.
- Legal documents establishing guardianship, for guardian.
- A retainer letter stating that you are the legal representative of the adoptee for attorney.

How this impacts the Local Registrar

- * Locals are on the front lines & more visible to the public than the State Registrar so questions are expected
- * Older Residents who are technologically impaired may come to the Local for a greater understanding of law and/or to obtain forms

Questions?