

New Jersey Department of Health
Office of Vital Statistics and Registry

INSTRUCTIONS FOR COMPLETING THE REG-15 FORM

(For more information, go to: <http://www.nj.gov/health/vital/correcting-vital/>.)

PART 1 – APPLICATION TO AMEND A NEW JERSEY VITAL RECORD

The required copy of documentary proof must be submitted with the application and must include the full name and date of birth.

Examples of proof include:

- Birth/Marriage/Divorce Record
- School Admission Record
- Court Order
- Certificate of Naturalization/ Petition of Name Change
- Baptismal Record
- Hospital/Medical Record
- Child Immunization Record

NOTE: A Driver's License, Social Security card, or a hospital-issued, decorative birth certificate **cannot** be used as proof.

BIRTH RECORDS AMENDMENTS:

A parent(s), legal guardian (if the child is under 18 years of age), or the named individual (if 18 years of age or older) may request to change the birth record, or any other person with the supporting document can request changes.

The item(s) of documentary proof must match the asserted facts. For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.

If legal guardian(s) request the change, include certified court order proving guardianship.

Individuals born prior to 1/1/1993 must provide a certified court order for legal name change amendment.

No proof is required to change the first or middle name, if the request is made prior to the child's 7th birthday. Individuals born on 1/1/1993 or later can submit acceptable, verifiable documentary proof to amend the surname.

To correct information on the parent(s), the parent's birth certificate or marriage certificate is required as documentary proof.

To correct the sex field due to recording error, documentary proof from a medical provider, or the child's delivery record is required.

NOTE: This application form cannot be used to add a father to a birth record. The Certificate of Parentage form must be used.

DEATH RECORD AMENDMENTS:

Non-Medical Corrections – All other individuals requesting an amendment must supply documentary proof.

Medical Corrections – The authority to amend the date, place of death or medical information is restricted to the physician who signed the death certificate or the Medical Examiner; except that the funeral director may amend the location of death in the case of a home death.

Domestic Status Corrections – Amendments to the domestic status on the death record, that are not due to a funeral director typographical error will require documentary proof and require the State office to permit the Informant a minimum of 30 days to provide documentation supporting the information initially reported before the requested amendment can be accepted.

MARRIAGE / REMARRIAGE / CIVIL UNION / REAFFIRMATION OF CIVIL UNION / DOMESTIC PARTNERSHIP RECORD AMENDMENTS:

Changes to personal facts, such as minor spelling changes in name, date or place of birth, or residence, may be requested by the person with documentary proof.

PART 2 – APPLICATION FOR A CERTIFIED COPY OF AMENDED RECORD

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.

Applications for a certified copy of a vital record require the applicant to provide a completed application, valid proof of

identity¹, payment of the fee² and 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.

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/tax return for current or previous year.

If, after reading the information above, you have further questions, please call 1-866-649-8726 and choose the option 4 for "Questions regarding correcting your vital record".

**New Jersey Department of Health
Vital Statistics and Registry
Attention: Vital Record Modifications Unit
P.O. Box 370
Trenton, NJ 08625-0370**

FOR STATE USE ONLY
State File Number
Applicant ID Number

Instructions: Complete **Part 1** in order to make a change or correction to an existing vital record. The processing fee for a Legal Name Change or an Adoption is \$2. Complete **Part 2** also if you wish to request a Certified Copy of the amended record. See detailed instructions for completing this form.

PART 1 - APPLICATION TO AMEND A NEW JERSEY VITAL RECORD	
INFORMATION ON CURRENT RECORD (Required information must match current information on record)	
REQUIRED INFORMATION	
1. Record Type <input type="checkbox"/> Birth <input type="checkbox"/> Fetal Death <input type="checkbox"/> Remarriage <input type="checkbox"/> Reaffirmation of Civil Union <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Civil Union <input type="checkbox"/> Partnership Domestic	2. Date of Event
3. Full Name on Current Record (<i>First, Middle, Last</i>)	4. Place of Event (<i>City or County</i>)
5. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)	6. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
7. Name of Person Requesting Correction	8. Relationship to Person on Record <input type="checkbox"/> Self <input type="checkbox"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other: _____
ADDITIONAL INFORMATION	
9. Return Mailing Address (<i>Street Address or PO Box, City, State, Zip</i>)	
10. Telephone Number ()	11. Email Address
12. REQUESTED CHANGES TO RECORD (The record is incorrect or incomplete as listed.)	
The record now shows:	The requested change is:
SIGNATURE	
13. Signature	15. Comments
14. Date	

FOR STATE USE ONLY	Processing Fee \$ _____	Initials	Date

Instructions: Complete **Part 2** if you wish to request a Certified Copy of the amended record. The fee for a Certified Copy is \$25 for the first copy plus \$2 for each additional copy requested. You are required to provide the following items: an acceptable form of identification which matches the mailing address provided in **Part 1** and proof of relationship to the individual named on the record.

PART 2 - APPLICATION FOR A CERTIFIED COPY OF <u>AMENDED</u> RECORD	
Number of Certified Copies Requested _____	Reasons for Request:
Preferred format (if available): <input type="checkbox"/> Computer-Generated copy of original. <input type="checkbox"/> Digital Image/Photocopy of original.	<input type="checkbox"/> Passport <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Driver's License <input type="checkbox"/> Other SS Benefits <input type="checkbox"/> School/Sports <input type="checkbox"/> Medicare <input type="checkbox"/> Veterans' Benefits <input type="checkbox"/> Welfare <input type="checkbox"/> Social Security Card <input type="checkbox"/> Other _____

FOR STATE USE ONLY	Total Fee \$ _____	Payment Type <input type="checkbox"/> Check / <input type="checkbox"/> MO No.: _____	Initials/Date	Type of ID Viewed	Initials/Date