



**INSTRUCTIONS FOR COMPLETING THE REG-34,  
AMENDMENT TO NEW JERSEY VITAL RECORD OF: BIRTH, DEATH, FETAL DEATH, MARRIAGE,  
REMARRIAGE, CIVIL UNION, REAFFIRMATION OF CIVIL UNION OR DOMESTIC PARTNERSHIP**

**WHERE TO FILE:**

The amendment form can be filed with the Local Registrar in the municipality where the event occurred or with the State Registrar at Vital Statistics and Registry, Record Modification Unit, PO Box 370, Trenton, NJ 08625-0370.

**FORM DESCRIPTION:**

**Section 1** indicates the information as recorded on the current vital record being amended. This information is utilized to locate the record as it is currently recorded. For example:

[Name (Names in the case of Marriage, Remarriage, Civil Union, Reaffirmation of Civil Union or Domestic Partnership)]:

**John Test Johnson / Jane Test Smith**

<u>Date of Event</u>	<u>County of Event</u>	<u>City/Municipality of Event</u>
<b>12/31/2009</b>	<b>Burlington</b>	<b>Pemberton Township</b>

If the amendment is requesting a correction to any item in Section 1, you must still list the data as currently recorded on the vital record, even if it is inaccurate. For example, if the vital record is registered as **JJoseph Jams Smith** and the amendment is being filed to correct the Name to **Joseph James Smith**, the information recorded in Section 1 must be **JJoseph Jams Smith** as this is the information that appears on the current record.

If an amendment has previously been accepted for any item in Section 1, subsequent amendment requests will reflect the updated information in Section 1. For example, the original vital record is registered as **JJoseph Jams Smith** and an amendment was accepted to correct the Name to **Joseph James Smith**. A subsequent amendment request to another data item(s) must list the amended name (Joseph James Smith) in Section 1.

**Section 2** indicates the item name/number being corrected in the first column. The information as currently recorded for the item to be corrected is listed in the second column. The information as it should appear for the item to be corrected is listed in the third column. For second and third columns the full information must be listed. For example:

<u>Field to be Amended</u>	<u>Item as Currently Recorded on Record</u>	<u>Item as it Should Appear</u>
<b>Mother's Maiden Name</b>	<b>Jane Mary Jones</b>	<b>Janet Marie Jones</b>

**Section 3 (Refer to Required Signatures)**

**Block 3A** designates the signature of the individual requesting the amendment.

**Block 3B** designates the signature of the witness, when required, as explained under the "Required Signatures" section of these instructions.

**Block 3C** designates the signature of a notary public, attorney at law, judge of any court or a Certified Municipal Registrar (CMR).

**Section 4** indicates the documentary proof presented establishes that certain information contained on the record is inaccurate and in need of correction. **Acceptable documentary proof** may be a baptismal certificate; cumulative school entrance records issued by the Board of Education; insurance policy at the time of birth; State/Federal Census records or vital record established prior to the vital record for which the amendment is being sought. Documentary proof must contain the full name and date of birth or age of the individual whose record is being amended. For **physician, funeral**

**home or registrar** typographical/clerical error, Section 4 must reflect the amendment is requested due to such error.

**REQUIRED SIGNATURES:**

If **Registrars** amend geographical/typographical errors, sign Block 3A in the presence of a witness who must sign Block 3B.

**Birth Amendments:**

If the **Physician** on the current birth certificate is signing an amendment, sign Block 3A in the presence of a witness who must sign Block 3B.

If the **Parent(s)** listed on the current birth certificate/second parent being added are signing an amendment, sign Block 3A, second parent sign Block 3B and Block 3C must be completed.

If the **Subject** of the birth certificate, if 18 years of age or older, is signing an amendment, sign Block 3A and Block 3C must be completed.

**Any individual with documentary proof**, who is signing an amendment, sign Block 3A and Block 3C must be completed.

**Marriage/Remarriage/Civil Union/Reaffirmation of Civil Union Amendments:**

If the **Person performing the ceremony** is signing an amendment, sign Block 3A in the presence of a witness who must sign Block 3B.

**All other individuals** requesting an amendment must supply documentary proof, sign Block 3A, and Block 3C must be completed.

Amendments to the marriage/remarriage/civil union/**reaffirmation of civil union License** shall be the responsibility of the Local Registrar of the municipality where the license was issued.

Amendments to the marriage/ remarriage/ civil union/**reaffirmation of civil union Certificate** shall be the responsibility of the Local Registrar of the municipality in which the ceremony occurred.

If an individual comes to either municipality to process the amendment, **either** Registrar can accept the request, obtain the documents as needed from the other Registrar, and prepare the amendment.

**Domestic Partnership Amendments:**

All individuals requesting an amendment must supply documentary proof, sign in Block 3A, and Block 3C must be completed.

**Death Amendments:**

If a **Funeral director or physician** who signed the current death certificate is signing an amendment, sign Block 3A in the presence of a witness who must sign Block 3B.

If an **Informant** listed on the current death certificate is signing an amendment, sign Block 3A and Block 3C must be completed.

**All other individuals** requesting an amendment must supply documentary proof, sign Block 3A, and Block 3C must be completed.

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.

Amendments to the domestic status on the death record, that are not due to a funeral director typographical error on the death record, 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.

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| <ul style="list-style-type: none"> <li>• Secondary Item(s) Approval Date – Notate the approval date for the state liaison to stamp a correction form with the approval date given for immediate issuance.</li> </ul> | <ul style="list-style-type: none"> <li>• Parents Given Option to Change Child's Last Name – Check appropriate box for the state liaison to correct a child's birth record whose last name is changing due to addition or removal of the father's information.</li> </ul> |
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