

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

**ATTESTATION TO BIRTH CERTIFICATE**

**NOTE: THIS DOCUMENT IS NOT TO BE USED FOR IDENTIFICATION OR LEGAL PURPOSES.**

1. You have the legal right to choose any name for your child. N.J.A.C 8:2-1.4: The designation of a child's name including the surname is the right of the child's parent(s). The child may be given any chosen name(s) or surname, except that the State Registrar may reject a name that contains an obscenity, numerals, symbols, or a combination of letters, numerals, or symbols, or a name that is illegible. After you have chosen the name and it is put on the birth certificate, it cannot be changed except through a court of law.
  2. Please review the name you have chosen for your child and demographic information provided below and then sign your name.
  3. If a father is listed on the record, he must sign the form as well.
  4. If the parents are unmarried, a Certificate of Parentage form must have been submitted to permit the Father's information to appear on the birth certificate.
  5. If the husband is not the father, and wishes to deny paternity, both the mother and the husband must first complete an Affidavit of Denial of Paternity. Then the mother and the biological father must complete and sign a Certificate of Parentage. If both forms are not completed, the husband's information will appear on the birth certificate.
- A. By affixing our signatures below, we (I) agree to the choice of our child's name and demographic information provided below. We (I) understand that once the choice is made, it cannot be changed except by a court order.
- B. Also, we (I) acknowledge that the child's name and other personal information that appears has been reviewed and verified.

Name of Mother ( <i>Print</i> )	Signature of Mother	Date
Name of Father ( <i>Print</i> )	Signature of Father	Date

1. Name of Child ( <i>First</i> ) _____ ( <i>Middle</i> ) _____ ( <i>Last</i> ) _____ ( <i>Suffix</i> ) _____									
2a. Date of Birth ( <i>MM/DD/YYYY</i> )	2b. Time of Birth ____:____ <b>M</b>	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	4a. Plurality <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Other ( <i>specify</i> ) _____		4b. If Multiple Birth, Birth Order: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> Other ( <i>specify</i> ) _____				
5a. Place of Birth ( <i>Name of facility, if not institution, give Street Name and Number</i> )			5b. Municipality of Birth			5c. County of Birth			
6. Mother's Name ( <i>First</i> ) _____ ( <i>Middle</i> ) _____ ( <i>Last</i> ) _____ <i>(List name given at birth or on birth certificate/Maiden name)</i>					7. Mother's Date of Birth ( <i>MM/DD/YYYY</i> )				
8. Mother's Legal Name ( <i>First</i> ) _____ ( <i>Middle</i> ) _____ ( <i>Last</i> ) _____					9. Mother's Birthplace ( <i>State or Foreign Country</i> )				
10a. Mother's Residency Address ( <i>Number and Street Name</i> )		10b. Residence ( <i>City, Township or Boro</i> )		10c. County		10d. State		10e. Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No	
11a. Mother's Mailing Address ( <i>Number and Street/PO Box Number</i> )		11b. City or Township		11c. State		11d. Zip Code			
12a. Father's Name ( <i>First</i> ) _____ ( <i>Middle</i> ) _____ ( <i>Last</i> ) _____ ( <i>Suffix</i> ) _____			12b. Father's Date of Birth ( <i>MM/DD/YYYY</i> )		12c. Father's Birthplace ( <i>State or Foreign Country</i> )				
13a. Father's Mailing Address ( <i>Number and Street/PO Box Number</i> )			13b. City or Township		13c. State		13d. Zip Code		
14a. Name of Informant					14b. Relationship to Child				

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