

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

**REPORT OF NO BIRTHS, MARRIAGES, CIVIL UNIONS, DOMESTIC
PARTNERSHIPS, FETAL DEATHS OR DEATHS**

FOR THE PERIOD OF _____

The State Registrar's Office requests that **all records be mailed weekly or that you submit this report, or a reasonable facsimile, weekly if you have no records to report.** This report must be submitted when no births, marriages, civil unions, domestic partnerships, fetal deaths, or deaths occurred in your district during the reported period. If records were received, they are to be forwarded in one of the official envelopes (REG-6 or REG-22) and this report need not be sent. It is the duty of the Registrar to make every effort to have all births, marriages, civil unions, domestic partnerships, fetal deaths, and deaths reported promptly and violations of this law should be reported immediately to the State Registrar.

* * * * *

I hereby report that no certificates of birth, marriage, civil union, domestic partnership, fetal death or death have been received by me for the period indicated and that to the best of my knowledge and belief no births, marriages, civil unions, domestic partnerships, fetal deaths or deaths occurred during the time period indicated in my registration district.

Name of Local Registrar (*Print*): _____

Registration District: _____

Signature of Registrar: _____

Date: _____