

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

STATE USE ONLY
Co/Mun Code

**REQUEST TO PURCHASE
CERTIFIED COPY OF VITAL RECORDS FORMS**

Please mail this completed form along with your original Purchase Order to the attention of the State Registrar at the above address. See other important instructions on page 2.

Name of Municipality		County		Date		
S H I P P I N G	Ship To Name (Registrar Only)		B I L L I N G	Bill To (Name and Address)		
	Alternate Ship To Name (Deputy or Alternate Deputy)					
	Ship To Address					
Telephone Number		Fax Number		Email Address		
Form Number / Description of Item			Quantity Per Pkg.	Cost Per Package	Packages Requested	Total Cost
REG-42A (PURPLE PAPER)	Certified Copy of Vital Record (PURPLE PAPER)		100 *	\$46.25		
	Size: 8-1/2 x 11" <i>Revised prices are effective 8/1/2023.</i>		500	\$106.50		
REG-42B (PURPLE PAPER)	Certified Copy of Vital Record (PURPLE PAPER)		100 *	\$46.25		
	Size: 8-1/2 x 14" <i>Revised prices are effective 8/1/2023.</i>		500	\$106.50		
TOTAL COST FOR FORMS:						

* **PLEASE NOTE:** Smaller packages of 100 forms are available for purchase by those municipalities which use less than 250 forms annually. Packages of 100 forms may NOT be ordered in combination with packages of 500 (for example, to total 700 forms or 1100 forms).

FOR STATE USE ONLY →	NJDOH Authorization Signature	Date
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INSTRUCTIONS FOR COMPLETION

The following instructions are intended to help you complete the order form properly:

Ship To Name/ Alternate Name

Provide the name and telephone number of the Registrar who will be responsible to accept and sign for the forms when they are delivered. The name of the Deputy or Alternate Deputy Registrar must be provided as a back up, in the event that the Registrar is unavailable to accept delivery of the forms.

Ship To Address

Provide a physical location address since these forms are delivered via a courier service, with a receiving signature required. Do not provide a post office box.

Bill To (Name and Address)

Provide the name and address of the individual to whom the bill should be mailed. Please enter complete information even if it is the same as the "Ship To" Address.

Quantity Per Package

The REG-42A and REG-42B forms are sold in packages of 500 forms for most municipalities. Packages of 100 forms are now routinely available for purchase by those municipalities that use less than 250 forms annually.

IMPORTANT NOTE: Packages of 100 forms MAY NOT be ordered in combination with packages of 500 forms (i.e., to total 700 forms or 1100 forms).

Packages Requested

Enter the number of packages requested, **NOT** the number of forms.

Total Cost

Multiply the cost per package by the number of packages requested. Add all entries in this column and enter it at the bottom. This will be the total cost for your order.

Purchase Orders

The Office of Vital Statistics and Registry **MUST** approve all Purchase Orders, **BEFORE** they can be submitted to R.R. Donnelley.

Mail Purchase Orders directly to:

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

Updated Vendor Information

R.R. Donnelley
New Contract Number: **A86247**
Effective Date: **03/18/14**
FEIN: 36-1004130

Payment for Processed PO's

You MUST include the Invoice Number on your check when you remit payment, or attach a copy of the Invoice to your check. If space permits, also include the purchase order number, name of municipality and name of county on your check.

Send payment directly to R.R. Donnelley, at the address provided on the Invoice.

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IMPORTANT!

**It is important to promptly remit payment for the forms ordered.
Outstanding balances due may result in future orders being delayed.**

R. R. Donnelley can refuse to ship additional forms to any municipality with an outstanding balance due.

Please direct **all questions** about the forms to the **Office of Vital Statistics and Registry** at 866-649-8726, Ext. 505 or 500.