



TOWNSHIP of HOPEWELL
DEPARTMENT OF HEALTH
Registrar of Vital Statistics
201 Washington Crossing Pennington Road
Titusville, New Jersey 08560-1410

Phone: 609-737-0120 Fax: 609-737-6836
www.hopewelltp.org



Public Health
Prevent. Promote. Protect.

HOW TO OBTAIN YOUR CHILD'S BIRTH CERTIFICATE – PLEASE READ

Your child's birth certificate is NOT sent to you automatically, you MUST complete the request form on the back, regardless of your request being made in person or by mail. The request form is entirely separate to any forms completed at the hospital.

Please allow a time lapse of at least **10 business days** after the birth of your child to request the birth certificate.

If you have a general question, please call **609-737-0120 ext. 6840** or email Registrar@hopewelltp.org. Birth records are not public records therefore **no phone or email verifications are permitted.**

Fee: \$25.00 for the 1st certificate and \$10.00 for each additional, fee applies per request/per child – Maximum 5 certificates per child

ACCEPTABLE FORM OF PAYMENT: CASH OR MONEY ORDERS, PAYABLE TO HOPEWELL TOWNSHIP – WE DO NOT ACCEPT PERSONAL CHECKS, CREDIT CARDS, OR BILLS GREATER THAN \$20.00

You may personally obtain your child's certificate during the designated Birth Certificate

Pick-up hours: Monday AND Wednesday 1 pm - 4 pm, Friday 9 am - 12 noon

If the hours are inconvenient, please consider mailing in your request.

Application Requirements for Certified Copies: You must provide acceptable ID in order to get a copy of any vital record. If you mail in your request, copies of vital records **must** be mailed to the address listed on your identification. The following are acceptable forms of ID:

A current, valid photo driver's license or photo non-driver's license **OR** a current, valid driver's license without photo and one alternate form of ID **OR** two alternate forms of ID, one of which must have current address.

Alternate forms of ID are: Vehicle registration, Vehicle insurance card, Voter registration, US/Foreign Passport, Immigrant Visa, Permanent Resident Card (Green card), Federal/State ID, County ID, School ID, Bank Statement (within previous 90 days), Utility bill (within the previous 90 days), W-2 or tax return for current/previous tax year.

Please verify the accuracy of your child's record prior to leaving the hospital. If you need a correction to your child's birth certificate, please call the number listed above. Please note that corrections are done **by appointment only**. There is a \$35.00 fee for all corrections.

You may also obtain birth certificates at the Office of the State Registrar, at a fee of \$25 for the first copy. The office is located at 140 East Front Street, Trenton NJ. For additional information, please call 1-866-649-8726. ***If you need information on establishing paternity please call 1-800-POP-6607.***

**Township of Hopewell, Department of Health
Registrar of Vital Statistics
201 Washington Crossing Pennington Rd.
Titusville, NJ 08560-1410**

**APPLICATION FOR A NON-GENEALOGICAL CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD
APLICACIÓN PARA COPIAS CERTIFICADAS Ó CERTIFICACIONES DE REGISTROS CIVILES NO-ANCESTRO**

<input checked="" type="checkbox"/> I would like a Certified Copy . (<i>Quiero una copia certificada.</i>) <input type="checkbox"/> I would like a Certification . (<i>Quiero una certificación.</i>) Documents in need of an Apostille Seal must be obtained from the State. (<i>Registros que necesitan un Sello de Apostille, deben ser obtenidos por la Oficina Estatal.</i>)			Preferred format (if available): (<i>Prefiero:</i>) <input checked="" type="checkbox"/> Computer-generated copy of original. (<i>Copia del Original-Generado por Computadora</i>) <input type="checkbox"/> Digital Image/Photocopy of original. (<i>Imagen Digital/Fotocopia del Original</i>)			
Name of Applicant (<i>Nombre de Apicante</i>)		Relationship to person on record (Proof is required if certified copy requested.) <i>[Relación al individuo (Prueba es requerida para copia certificada.)]</i>		Reasons for Request: (<i>Motivo de solicitud</i>) <input type="checkbox"/> Passport (<i>Pasaporte</i>) <input type="checkbox"/> Driver's License (<i>Licencia de Conducir</i>) <input type="checkbox"/> School/Sports (<i>Escuela/Deportes</i>) <input type="checkbox"/> Veterans' Benefits (<i>Beneficios veteranos</i>) <input type="checkbox"/> Social Security Card (<i>Tarjeta Seguro Social</i>) <input type="checkbox"/> Social Security Disability (<i>SSI / Incapacidad</i>) <input type="checkbox"/> Other SS Benefits (<i>Otros beneficios de seguro social</i>) <input type="checkbox"/> Medicare (<i>Medicare</i>) <input type="checkbox"/> Welfare (<i>Asistencia Pública</i>) <input type="checkbox"/> Other (<i>Otro</i>) _____		
Current Mailing Address (Must Match address on ID) <i>[Dirección Postal (Debe coincidir con identificación)]</i>						
City (<i>Ciudad</i>)	State (<i>Estado</i>)	Zip Code (<i>Código Postal</i>)	Daytime Telephone Number (<i>Número Telefónico</i>)			
Applicant's Signature (<i>Firma del Apicante</i>)			Date of Application (<i>Fecha</i>)			

<input checked="" type="checkbox"/> BIRTH <i>(NACIMIENTO)</i>	Full Name of Child at Time of Birth (<i>Nombre Completo al Nacer</i>)		No. Requested Copies (<i>No. de Copias</i>)
	Place of Birth (City, Town) <i>[Lugar de Nacimiento (Ciudad, Pueblo)]</i>	County (<i>Condado</i>)	Exact Date of Birth <i>(Fecha de Nacimiento)</i>
	Full Name of Child's Parent A (<i>List name given at birth or on birth certificate/Maiden name</i>) <i>[Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento o de soltera)]</i>		
	Full Name of Child's Parent B (if on record) (<i>List name given at birth or on birth certificate/Maiden name</i>) <i>[Nombre completo de Padre/Madre B (si el registro) (Inscrito en el acta de nacimiento o de soltera)]</i>		
	If the Child's Name was Changed, Indicate New Name and How it was Changed: <i>(Si el nombre del niño fue cambiado, indique el nuevo nombre y como fue cambiado):</i>		
<input type="checkbox"/> MARRIAGE <i>(MATRIMONIO)</i> <input type="checkbox"/> CIVIL UNION <i>(UNIÓN CIVIL)</i> <input type="checkbox"/> DOMESTIC PARTNERSHIP <i>(SOCIEDAD DOMÉSTICA)</i>	Full Name of Spouse A/Partner A (<i>List name given at birth or on birth certificate/Maiden name</i>) <i>[Nombre completo de Pareja A (Inscrito en el acta de nacimiento o de soltera)]</i>		No. Requested Copies (<i>No. de Copias</i>)
	Full Name of Spouse B/Partner B (<i>List name given at birth or on birth certificate/Maiden name</i>) <i>[Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento o de soltera)]</i>		Exact Date of Event <i>(Fecha Exacta del Evento)</i>
	Place of Event (City, Town) <i>[Lugar del Evento (Ciudad, Pueblo)]</i>		County (<i>Condado</i>)
<input type="checkbox"/> DEATH <i>(DEFUNCIÓN)</i>	Name of Deceased Individual (<i>Nombre del Fallecido</i>)		
	Exact Date of Death (<i>Fecha Exacta del Evento</i>)		No. Requested Copies (<i>No. de Copias</i>)
	Place of Event (City/Town) <i>[Lugar del Evento (Ciudad, Pueblo)]</i>		County (<i>Condado</i>)
	Full Name of Deceased Individual's Parent A (<i>List name given at birth or on birth certificate/Maiden name</i>) <i>[Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento o de soltera)]</i>		Full Name of Deceased Individual's Parent B (<i>List name given at birth or on birth certificate/Maiden name</i>) <i>[Nombre completo de Padre/Madre B (Inscrito en el acta de nacimiento o de soltera)]</i>

Application Checklist: Have you enclosed and completed all required information?
(Lista Comprobada: ¿A Usted Incluido y Completado Toda la Información Requerida en la Aplicación?)

- All Items on Application (*Todo Artículos en la Aplicación*)
 Payment (*Pago*)
 Acceptable Forms of ID (*Identificación Aceptable*)
 Proof of Relationship (*Prueba de Parentesco*)
 Mailing Address Matches ID (*Dirección Postal Coincidente con ID*)

FOR OFFICIAL USE ONLY

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Payment Amount: \$ _____	ID Viewed: _____	Processed By: _____
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