



# TOWNSHIP of HOPEWELL

DEPARTMENT OF HEALTH

Registrar of Vital Statistics

201 Washington Crossing Pennington Road  
Titusville, New Jersey 08560-1410

Phone: 609-737-0120 ext. 6840 Fax: 609-737-6836  
www.hopewelltp.org



**Public Health**  
Prevent. Promote. Protect.

## HOW TO OBTAIN A CERTIFIED COPY OF A DEATH RECORD

The **Death** must have occurred in Hopewell Township.

For recent deaths, it may be several days before the person certifying the death sends the information to Hopewell Township to be recorded. Funeral directors may assist in requesting certified copies online.

If you have a general question, please call 609-737-0120 ext. 6840 or email [Registrar@hopewelltp.org](mailto:Registrar@hopewelltp.org). Death records are not open public records, therefore no phone or email verifications are permitted.

**Fee: \$25.00 for the first certificate, \$10.00 additional certificates – the fee applies per request**

**CASH OR MONEY ORDERS PAYABLE TO HOPEWELL TOWNSHIP**

*We **DO NOT** accept personal checks, credit cards or bills larger than \$20.*

**PLEASE DO NOT MAIL CASH**

**You may personally obtain a death certificate during the following 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.

In addition to providing acceptable ID, you must also be able to establish **proof of relationship**. Please call if you need clarification on how to establish such proof.

If you need a correction to a death 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 death 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.

**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 <b>Certified Copy</b> . ( <i>Quiero una copia certificada.</i> ) <input type="checkbox"/> I would like a <b>Certification</b> . ( <i>Quiero una certificación.</i> ) Documents in need of an <b>Apostille Seal</b> 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 ( <b>Must Match address on ID</b> ) <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 type="checkbox"/> <b>BIRTH</b> ( <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"/> <b>MARRIAGE</b> ( <i>MATRIMONIO</i> )  <input type="checkbox"/> <b>CIVIL UNION</b> ( <i>UNIÓN CIVIL</i> )  <input type="checkbox"/> <b>DOMESTIC PARTNERSHIP</b> ( <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 checked="" type="checkbox"/> <b>DEATH</b> ( <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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