



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 RECORD OF MARRIAGE, CIVIL UNION or DOMESTIC PARTNERSHIP

The event must have occurred in **Hopewell Township**: although you may have submitted the **marriage/civil union license application** in Hopewell Township, we will only have the **certificate** if in fact the event took place in this municipality. Please be advised that it may be several days before the ceremony officiant submits the record for filing.

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

Certified Copies cost \$10 each

CASH OR MONEY ORDERS PAYABLE TO HOPEWELL TOWNSHIP

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

PLEASE DO NOT MAIL CASH

You may personally obtain your marriage 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.

If you need a correction to your marriage 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 your marriage certificate 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 Certified Copy . (<i>Quiero una copia certificada.</i>) <input type="checkbox"/> I would like a Certification . (<i>Quiero una certificación.</i>)			Preferred format (if available): (<i>Prefero:</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>)		
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>)					
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 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>	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>)		
	<input type="checkbox"/> CIVIL UNION <i>(UNIÓN CIVIL)</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"/> DOMESTIC PARTNERSHIP <i>(SOCIEDAD DOMÉSTICA)</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