



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. 684 Fax: 609-737-6836

www.hopewelltp.org



Public Health
Prevent. Promote. Protect.

HOW TO OBTAIN A CERTIFIED COPY Of a Civil Union or Domestic Partnership

1. The ceremony must have taken place in Hopewell Township (please note: you may have applied elsewhere). Please be advised that it may be several days before the person performing the ceremony sends the license to Hopewell Township to be recorded.

If you have a general question, please call 609-737-0120 ext. 684 or email Registrar@hopewelltp.org. Civil Union or Domestic Partnership records are not public records, therefore no phone or email verifications are permitted.

Certified Copies cost \$10 per copy

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

2. Please complete the application on the reverse side of this letter.
3. Requests may be in person during the office hours listed. You may also submit your request by mail to the above address with the completed application and legible photocopies of the **required identification** listed on the bottom of the application.
4. **Walk-in hours are:**

Monday	1 pm - 4 pm
Wednesday	1 pm - 4 pm
Friday	9 am - 12 noon
5. **Corrections are by appointment only** – Requests for corrections to Civil Union or Domestic Partnership records may be filed with our office. You must first call to schedule an appointment. Upon scheduling your appointment you will be advised of any documentation that you will need to supply, in order to file for the correction. The requirements will vary based on the type of correction you are requesting. A correction fee of \$35 is required. Corrections must be approved by the State Registrar's Office and may take 8 to 12 weeks for processing.
6. You may also obtain certified copies at the Office of the State Registrar at 140 East Front Street, Trenton NJ. Their hours are 8:30 – 4 pm, Mon.-Fri. For additional information, please call 1-866-649-8726.

Hopewell Township Health Department Registrar of Vital Statistics
201 Washington Crossing Pennington Road, Titusville, NJ 08560
609-737-0120 x636

Application for a certified copy of a Civil Union or Domestic Partnership

Solicitud para obtener un registro certificado de una Union Civil o Sociedad Domestica

Full Name of Partner A - the name given at birth (First, Middle, Last) <i>Nombre completo de Socio A – El nombre dado al nacer (Primer, Segundo, Apellido)</i>	
Full Name of Partner B - the name given at birth (First, Middle, Last) <i>Nombre complete de Socio B – El nombre dado al nacer (Primer, Segundo, Apellido)</i>	
Exact Date of Ceremony <i>Fecha exacta de la ceremonia</i>	Place where ceremony was performed (Facility, Street address, Municipality & County) <i>Lugar donde se realizó la ceremonia (Instalación, dirección, municipio & condado)</i>
If a Name has been Changed, Indicate New Name and How it was Changed: <i>Si algun nombre fue cambiado, indique el nuevo nombre y como fue cambiado:</i>	
Name of person requesting Certificate <i>Nombre de la persona que solicita el certificado</i>	Date of Application <i>(Fecha)</i>
Relationship to person on record (Proof is required if certified copy requested.) <i>Relación al individuo (Se requiere comprobante si solicita copia certificada).</i>	Number of Copies Requested <i>(No. de Copias)</i>
Current Mailing Address (Must Match address on ID) <i>Dirección Postal (Debe coincidir con la dirección en la identificación)</i>	Daytime Telephone Number <i>(Número Telefónico)</i>
City, State Zip Code <i>(Ciudad) (Estado) (Codigo Postal)</i>	OFFICE USE ONLY
	ID Checked:
Signature of person requesting Certificate <i>(Firma de la persona que solicita el certificado)</i>	Cash or Money order Amount:
	Date Issued:
X	

Prior to obtaining the certified copy of the Civil Union or Domestic Partnership, whether it is requested in person or by mail, you must provide the following: The COMPLETED and signed request form, payment and proof of ID. The address on the request form must match the address on your ID. If you have moved, you must provide proof of address change.

- **Acceptable forms of ID: Valid photo driver's license or photo non-driver's license with current address OR** valid driver's license without photo and an alternate form of ID with **current address OR** two (2) alternate forms of ID, one of which must show the current address. Alternate forms of ID are: vehicle registration, vehicle insurance card, voter registration, US/foreign passport, permanent resident card (green card), Immigrant Visa, Federal/State ID, county ID, school ID, utility bill (within the previous 90 days), bank statement (within previous 90 days) or W-2/tax return for current or previous year.