



TOWNSHIP of HOPEWELL

DEPARTMENT OF HEALTH

Registrar of Vital Statistics

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

Phone: 609-737-0120 option 1 Fax: 609-737-6836
www.hopewelltwp.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 option 1** or email Registrar@hopewelltwp.org. Death records are not open public records, therefore no phone or email verifications are permitted.

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

**ACCEPTABLE PAYMENT: EXACT CASH (NO LARGE BILLS) OR MONEY ORDER PAYABLE TO
HOPEWELL TOWNSHIP**

We DO NOT accept personal checks or credit cards

MAILING CASH IS STRONGLY DISCOURAGED

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 NJ Office of Vital Statistics and Registry. The office is located at **140 East Front Street, Trenton NJ**. If you are submitting the record to a foreign consulate, and will require an Apostille Seal, you must obtain the certificate at the Front St. location. For additional information, please call 1-866-649-8726.

Township of Hopewell Dept. of Health
 Vital Statistics and Registry
 201 Washington Crossing-Pennington Rd., Titusville NJ 08560
 Phone: (609) 537-0284 E-mail: register@hopewellwp.org

**APPLICATION FOR A NON-GENEALOGICAL
 CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD**

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|---|-----------------------|--|---------------------|--|--|--|-----------------------|-----------------------|---------------------|----------------------|--|-----------------------------|-----------------------|----------------------|---------------|----------------------|--|-----------------|----------------------|-----------------------|---------------------|-----|--|-----------------|----------------------|-----------------------|---------------------|--|--|-----------------|----------------------|-----------------------|---------------------|--|--|-----------------|----------------------|-----------------------|---------------------|-------------------------------|
| <input type="checkbox"/> Certified Copy <input type="checkbox"/> Certified Copy for an Apostille Seal <input type="checkbox"/> Certification | | Requestor's Relationship to Person on Record <small>(proof is required for certified copy)</small> | | Requestor's Signature <small>Date (of request) / /</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Requestor <small>First</small> Middle <small>Last</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Mailing Address (must match address on ID) <small>Street</small> <small>City</small> <small>State</small> <small>Zip Code</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email Address <small>@</small> | | Daytime Phone Number <small>() -</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTH <table border="1"> <tr> <td><input type="checkbox"/> Child's Name at Birth</td> <td><small>First</small></td> <td><small>Middle</small></td> <td><small>Last</small></td> <td colspan="2"></td> </tr> <tr> <td>No. Requested Copies</td> <td colspan="2">Place of Birth</td> <td>County</td> <td colspan="2">Date of Birth</td> </tr> <tr> <td></td> <td><small>City</small></td> <td><small>State</small></td> <td></td> <td colspan="2">/ /</td> </tr> </table> <p>Name of Child's Parents (name given at birth or on birth certificate / Maiden Name)</p> <table border="1"> <tr> <td>Parent A</td> <td><small>First</small></td> <td><small>Middle</small></td> <td><small>Last</small></td> <td colspan="2"></td> </tr> <tr> <td>Parent B</td> <td><small>First</small></td> <td><small>Middle</small></td> <td><small>Last</small></td> <td colspan="2"></td> </tr> </table> <p>If Child's name was changed:</p> <table border="1"> <tr> <td>New Name</td> <td><small>First</small></td> <td><small>Middle</small></td> <td><small>Last</small></td> <td><small>Date of Change</small></td> </tr> </table> | | | | | | <input type="checkbox"/> Child's Name at Birth | <small>First</small> | <small>Middle</small> | <small>Last</small> | | | No. Requested Copies | Place of Birth | | County | Date of Birth | | | <small>City</small> | <small>State</small> | | / / | | Parent A | <small>First</small> | <small>Middle</small> | <small>Last</small> | | | Parent B | <small>First</small> | <small>Middle</small> | <small>Last</small> | | | New Name | <small>First</small> | <small>Middle</small> | <small>Last</small> | <small>Date of Change</small> |
| <input type="checkbox"/> Child's Name at Birth | <small>First</small> | <small>Middle</small> | <small>Last</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. Requested Copies | Place of Birth | | County | Date of Birth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <small>City</small> | <small>State</small> | | / / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent A | <small>First</small> | <small>Middle</small> | <small>Last</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent B | <small>First</small> | <small>Middle</small> | <small>Last</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New Name | <small>First</small> | <small>Middle</small> | <small>Last</small> | <small>Date of Change</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MARRIAGE <table border="1"> <tr> <td><input type="checkbox"/> No. Requested Copies</td> <td colspan="2">Place of Event</td> <td>County</td> <td colspan="2">Date of Event</td> </tr> <tr> <td></td> <td><small>City</small></td> <td><small>State</small></td> <td></td> <td colspan="2">/ /</td> </tr> </table> <p>Name of Spouses (name given at birth or on birth certificate / Maiden Name)</p> <table border="1"> <tr> <td>Spouse A</td> <td><small>First</small></td> <td><small>Middle</small></td> <td><small>Last</small></td> <td colspan="2"></td> </tr> <tr> <td>Spouse B</td> <td><small>First</small></td> <td><small>Middle</small></td> <td><small>Last</small></td> <td colspan="2"></td> </tr> </table> | | | | | | <input type="checkbox"/> No. Requested Copies | Place of Event | | County | Date of Event | | | <small>City</small> | <small>State</small> | | / / | | Spouse A | <small>First</small> | <small>Middle</small> | <small>Last</small> | | | Spouse B | <small>First</small> | <small>Middle</small> | <small>Last</small> | | | | | | | | | | | | | |
| <input type="checkbox"/> No. Requested Copies | Place of Event | | County | Date of Event | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <small>City</small> | <small>State</small> | | / / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouse A | <small>First</small> | <small>Middle</small> | <small>Last</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouse B | <small>First</small> | <small>Middle</small> | <small>Last</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DEATH <table border="1"> <tr> <td><input type="checkbox"/> Name of Decedent</td> <td><small>First</small></td> <td><small>Middle</small></td> <td><small>Last</small></td> <td colspan="2"></td> </tr> <tr> <td>No. Requested Copies</td> <td colspan="2">Place of Death</td> <td>County</td> <td colspan="2">Date of Death</td> </tr> <tr> <td></td> <td><small>City</small></td> <td><small>State</small></td> <td></td> <td colspan="2">/ /</td> </tr> </table> <p>Name of Decedent's Parents (name given at birth or on birth certificate / Maiden Name)</p> <table border="1"> <tr> <td>Parent A</td> <td><small>First</small></td> <td><small>Middle</small></td> <td><small>Last</small></td> <td colspan="2"></td> </tr> <tr> <td>Parent B</td> <td><small>First</small></td> <td><small>Middle</small></td> <td><small>Last</small></td> <td colspan="2"></td> </tr> </table> | | | | | | <input type="checkbox"/> Name of Decedent | <small>First</small> | <small>Middle</small> | <small>Last</small> | | | No. Requested Copies | Place of Death | | County | Date of Death | | | <small>City</small> | <small>State</small> | | / / | | Parent A | <small>First</small> | <small>Middle</small> | <small>Last</small> | | | Parent B | <small>First</small> | <small>Middle</small> | <small>Last</small> | | | | | | | |
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| No. Requested Copies | Place of Death | | County | Date of Death | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <small>City</small> | <small>State</small> | | / / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Have you enclosed and completed all required information?

Completed Application
 Payment

Proof of Relationship
 Acceptable Forms of ID
 Mailing Address Matches ID