



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



HOW TO OBTAIN YOUR CHILD'S BIRTH CERTIFICATE – Please read and follow the instructions

EXTREMELY IMPORTANT: Please verify the accuracy of your child's birth record PRIOR TO leaving the hospital. After a record has been accepted for permanent filing by the Local Registrar, any amendments must go through the legal amendment process and approval by the NJ Office of Vital Statistics. If you need an amendment, you must call the number above to schedule an appointment, no walk-ins. There is a \$35.00 amendment fee.

Your child's birth certificate is NOT sent to you automatically, you MUST complete the request form on the back. The request form is entirely separate to any forms completed or generated at the hospital. You are required to fully identify the record; please provide all required information, including complete names/maiden name. Proper completion of the request form will prevent any unnecessary delays in processing your request!

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

Birth records are not public records; therefore **NO phone or email verifications are permitted**.

If you have a general question, please call 609-737-0120 option 1 or email Registrar@hopewelltwp.org.

Our window is open for in-person birth certificate issuance only on the following days and times: Monday AND Wednesday 1 pm – 4 pm, Friday 9 am – 12 noon

Please bring with you, the completed application, acceptable ID and payment.

If the hours are inconvenient for you, please mail us your request. The processing time for mailed requests is 5 business days – upon successful processing of the request, we will mail you the certificate.

**FEE: \$25.00 for one certificate and \$10.00 for each additional, fee applies per request/per child –
The maximum permitted at a time is 5 certificates per child**

Requests for an Apostille Seal for dual citizenship must be submitted to the NJ Office of Vital Statistics & Registry – not Hopewell Twp. Their office may issue vital records for anyone born in NJ, it is located at 140 East Front St. in Trenton. Please call 866-649-8726 for information regarding their hours of operation or you may visit their website www.state.nj.us/health/vital/. We cannot check on the status of any requests placed through that office.

ACCEPTABLE PAYMENT: Exact cash (no large bills) or a money order made payable to **HOPEWELL TOWNSHIP**. We DO NOT accept personal checks. *Mailing cash is strongly discouraged.*

Application Requirements for Certified Copies – the certified copy IS the legal document: 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**. If your ID does not list your current address please submit **two alternate forms of ID** – please do not submit documents that list conflicting addresses. 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.

For information on establishing paternity please call 1-800-POP-6607.

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

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

<input type="checkbox"/> Certified Copy	Requestor's Relationship to Person on Record <i>(proof is required for certified copy)</i>		Requestor's Signature																																							
<input type="checkbox"/> Certified Copy for an Apostille Seal			Date (of request) / /																																							
<input type="checkbox"/> Certification																																										
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First	Middle																																									
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Current Mailing Address (must match address on ID)																																										
Street	City	State	Zip Code																																							
Email Address		Daytime Phone Number																																								
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<input type="checkbox"/> BIRTH <table border="1"> <tr> <td>Child's Name at Birth</td> <td>First</td> <td>Middle</td> <td>Last</td> </tr> <tr> <td>No. Requested Copies</td> <td colspan="2">Place of Birth</td> <td>County</td> <td>Date of Birth</td> </tr> <tr> <td></td> <td>City</td> <td>State</td> <td></td> <td>/ /</td> </tr> <tr> <td colspan="5">Name of Child's Parents (name given at birth or on birth certificate / Maiden Name)</td> </tr> <tr> <td>Parent A</td> <td>First</td> <td>Middle</td> <td>Last</td> <td></td> </tr> <tr> <td>Parent B</td> <td>First</td> <td>Middle</td> <td>Last</td> <td></td> </tr> <tr> <td colspan="5">If Child's name was changed:</td> </tr> <tr> <td>New Name</td> <td colspan="4">Describe Change</td> </tr> </table>				Child's Name at Birth	First	Middle	Last	No. Requested Copies	Place of Birth		County	Date of Birth		City	State		/ /	Name of Child's Parents (name given at birth or on birth certificate / Maiden Name)					Parent A	First	Middle	Last		Parent B	First	Middle	Last		If Child's name was changed:					New Name	Describe Change			
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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