



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.hopewelltp.org



Public Health
Prevent. Promote. Protect.

HOW TO OBTAIN A CERTIFIED COPY OF A RECORD OF MARRIAGE, CIVIL UNION or DOMESTIC PARTNERSHIP –
Please read and follow the instructions

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 take a few days for the ceremony officiant to submit the record for permanent filing.

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

Vital records are not open public records; therefore NO phone or email verifications are permitted.

Prior to submitting your request, please review your application and make sure that you have fully identified the record; provided complete names/maiden name, date and place of marriage.

Certified Copies cost \$10 each – the certified copy is the legal document with the raised seal

ACCEPTABLE PAYMENT: EXACT CASH (NO LARGE BILLS PLEASE)

OR MONEY ORDER PAYABLE TO HOPEWELL TOWNSHIP

*We **DO NOT** accept personal checks or credit cards*

MAILING CASH IS STRONGLY DISCOURAGED

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

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

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

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. 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.

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.

An Apostille Seal may be required by some foreign consulates – please check with the specific consulate where you intend on submitting your marriage record. Should you require an Apostille Seal please submit your request to the NJ Office of Vital Statistics & Registry – not Hopewell Township. Their office has records for anyone married 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.

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

<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 <i>(proof is required for certified copy)</i>	Requestor's Signature _____ Date <i>(of request)</i> / /
Name of Requestor <div style="display: flex; justify-content: space-between;"> First Middle </div> <div style="margin-top: 10px;">Last</div>			Reasons for Request <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> School / Sports <input type="checkbox"/> Veterans' Benefits <input type="checkbox"/> Social Security Card / Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare / Disability <input type="checkbox"/> Other: _____
Current Mailing Address <i>(must match address on ID)</i> <div style="display: flex; justify-content: space-between;"> Street </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> City State Zip Code </div>			
Email Address _____ @ _____ . _____		Daytime Phone Number () -	

<div> <div> <div></div> <div></div> </div> <div>BIRTH</div> </div>				
Child's Name at Birth		<i>First</i>	<i>Middle</i>	<i>Last</i>
No. Requested Copies	Place of Birth	<i>City</i>	<i>State</i>	Country
				Date of Birth / /
Name of Child's Parents <i>(name given at birth or on birth certificate / Maiden Name)</i>				
Parent A	<i>First</i>	<i>Middle</i>	<i>Last</i>	
Parent B	<i>First</i>	<i>Middle</i>	<i>Last</i>	
If Child's name was changed:				
<i>New Name</i>		<i>Describe Change</i>		

<input type="checkbox"/> MARRIAGE	<input type="checkbox"/> CIVIL UNION	<input type="checkbox"/> DOMESTIC PARTNERSHIP
No. Requested Copies	Place of Event City _____ State _____	County _____ Date of Event _____ / _____ / _____
Name of Spouses (name given at birth or on birth certificate / Maiden Name)		
Spouse A	First _____ Middle _____	Last _____
Spouse B	First _____ Middle _____	Last _____

<input type="checkbox"/> DEATH				
Name of Decedent		First	Middle	Last
No. Requested Copies	Place of Death	County		Date of Death
	City	State		/ /
Name of Decedent's Parents <i>(name given at birth or on birth certificate / Maiden Name)</i>				
Parent A	First	Middle	Last	
Parent B	First	Middle	Last	

Have you enclosed and completed all required information?

☐ Completed Application
☐ Payment

- ☐ Proof of Relationship
- ☐ Acceptable Forms of ID
- ☐ Mailing Address Matches ID