



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 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@hopewelltwp.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.

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	<input type="checkbox"/> 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		
Name of Requestor First <input type="text"/> Middle <input type="text"/> Last <input type="text"/>		
Current Mailing Address (must match address on ID) Street <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>		
Email Address @ <input type="text"/> , <input type="text"/> () - <input type="text"/>		Daytime Phone Number <input type="text"/>
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: <input type="text"/>		

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

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

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

Have you enclosed and completed all required information?

Completed Application
 Payment

Proof of Relationship
 Acceptable Forms of ID
 Mailing Address Matches ID