



TOWNSHIP of HOPEWELL  
DEPARTMENT OF HEALTH  
Registrar of Vital Statistics  
201 Washington Crossing Pennington Road  
Titusville, New Jersey 08560-1410

Phone: 609-737-0120 Fax: 609-737-6836  
[www.hopewelltp.org](http://www.hopewelltp.org)



**Public Health**  
Prevent. Promote. Protect.

## **HOW TO OBTAIN YOUR CHILD'S BIRTH CERTIFICATE – PLEASE READ**

***Your child's birth certificate is NOT sent to you automatically, you MUST complete the request form on the back, regardless of your request being made in person or by mail. The request form is entirely separate to any forms completed at the hospital.***

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

If you have a general question, please call **609-737-0120 option 2** or email [Registrar@hopewelltp.org](mailto:Registrar@hopewelltp.org). Birth records are not public records therefore **no phone or email verifications are permitted.**

**Fee: \$25.00 for the 1<sup>st</sup> certificate and \$10.00 for each additional, fee applies per request/per child – Maximum 5 certificates per child**

**ACCEPTABLE FORM OF PAYMENT: CASH OR MONEY ORDERS, PAYABLE TO HOPEWELL TOWNSHIP – WE DO NOT ACCEPT PERSONAL CHECKS, CREDIT CARDS, OR BILLS GREATER THAN \$20.00**

**You may personally obtain your child's certificate during the designated Birth Certificate Pick-up 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.

**Please verify the accuracy of your child's record prior to leaving the hospital.** If you need a correction to your child's birth 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 birth certificates at the Office of the State Registrar, at a fee of \$25 for the first copy. The office is located at 140 East Front Street, Trenton NJ. For additional information, please call 1-866-649-8726. **If you need information on establishing paternity please call 1-800-POP-6607.**

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

<input type="checkbox"/> <b>Certified Copy</b> <input type="checkbox"/> <b>Certified Copy for an Apostille Seal</b> <input type="checkbox"/> <b>Certification</b>		<b>Requestor's Relationship to Person on Record</b> <i>(proof is required for certified copy)</i>	<b>Requestor's Signature</b>  _____
			Date (of request)     /     /
<b>Name of Requestor</b> First _____ Middle _____ Last _____		<b>Reasons for Request</b> <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: _____	
<b>Current Mailing Address (must match address on ID)</b> Street _____ City _____ State _____ Zip Code _____			
<b>Email Address</b> _____ @ _____ . _____		<b>Daytime Phone Number</b> (     )     -     _____	

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

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

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

**Have you enclosed and completed all required information?**

- |  |   |
|--|---|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Proof of Relationship      |
| <input type="checkbox"/> Payment               | <input type="checkbox"/> Acceptable Forms of ID     |
|  | <input type="checkbox"/> Mailing Address Matches ID |

FOR STATE USE ONLY			
<b>Payment Type:</b> <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	<b>Amount:</b> \$    _____	<input type="checkbox"/> ID Viewed	<b>Processed By:</b> _____