



# TOWNSHIP of HOPEWELL

DEPARTMENT OF HEALTH

Registrar of Vital Statistics

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

Phone: 609-737-0120 ext. 6840 Fax: 609-737-6836  
[www.hopewelltp.org](http://www.hopewelltp.org)



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

## **HOW TO OBTAIN A CERTIFIED COPY OF A RECORD OF MARRIAGE, CIVIL UNION or DOMESTIC PARTNERSHIP**

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 be several days before the ceremony officiant submits the record for filing.

If you have a general question, please call 609-737-0120 ext. 6840 or email [Registrar@hopewelltp.org](mailto:Registrar@hopewelltp.org). Vital records are not open public records; therefore no phone or email verifications are permitted.

***Certified Copies cost \$10 each***

***CASH OR MONEY ORDERS PAYABLE TO HOPEWELL TOWNSHIP***

***We DO NOT accept personal checks, credit cards or bills greater than \$20.***

***PLEASE DO NOT MAIL CASH***

**You may personally obtain your marriage 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.

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.

You may also obtain your marriage certificate 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.

**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>  _____
<b>Name of Requestor</b> First _____ Middle _____ Last _____		<b>Date (of request)</b> /      /	<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</b> <i>(must match address on ID)</i> 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>	<b>Country</b>	<b>Date of Birth</b>
_____	City _____ State _____	_____	/ /
<b>Name of Child's Parents</b> <i>(name given at birth or on birth certificate / Maiden Name)</i>			
<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>	<b>County</b>	<b>Date of Event</b>
_____	City _____ State _____	_____	/ /
<b>Name of Spouses</b> <i>(name given at birth or on birth certificate / Maiden Name)</i>			
<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>	<b>County</b>	<b>Date of Death</b>
_____	City _____ State _____	_____	/ /
<b>Name of Decedent's Parents</b> <i>(name given at birth or on birth certificate / Maiden Name)</i>			
<b>Parent A</b>	First _____	Middle _____	Last _____
<b>Parent B</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

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> _____