



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



Public Health
Prevent. Promote. Protect.

HOW TO OBTAIN A CERTIFIED COPY OF A DEATH RECORD

The **Death** must have occurred in Hopewell Township.

For recent deaths, it may be several days before the person certifying the death sends the information to Hopewell Township to be recorded. Funeral directors may assist in requesting certified copies online.

If you have a general question, please call 609-737-0120 ext. 6840 or email Registrar@hopewelltp.org. Death records are not open public records, therefore no phone or email verifications are permitted.

Fee: \$25.00 for the first certificate, \$10.00 additional certificates – the fee applies per request

CASH OR MONEY ORDERS PAYABLE TO HOPEWELL TOWNSHIP

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

PLEASE DO NOT MAIL CASH

You may personally obtain a death 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.

In addition to providing acceptable ID, you must also be able to establish **proof of relationship**. Please call if you need clarification on how to establish such proof.

If you need a correction to a death 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 death 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.

**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 _____
Name of Requestor First _____ Middle _____ Last _____		Date (of request) / /	
Current Mailing Address (must match address on ID) Street _____ City _____ State _____ Zip Code _____		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: _____	
Email Address _____ @ _____ . _____		Daytime Phone Number () - _____	

<input type="checkbox"/> BIRTH			
Child's Name at Birth First _____ Middle _____ Last _____			
No. Requested Copies	Place of Birth City _____ State _____	County	Date of Birth / /
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 _____			

<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 City _____ State _____	County	Date of Death / /
Name of Decedent's Parents (name given at birth or on birth certificate / Maiden Name)			
Parent A First _____ Middle _____ Last _____			
Parent 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			
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Amount: \$ _____	<input type="checkbox"/> ID Viewed	Processed By: _____