



PRINCETON HEALTH DEPARTMENT

One Monument Drive
Princeton, New Jersey 08540
Telephone: (609) 497-7608
Fax: (609) 924-7627

Jeffrey C. Grosser
Health Officer
Lauralyn Bowen
Registrar

REQUEST FOR CERTIFIED COPY of MARRIAGE CERTIFICATE by Mail

PLEASE READ THESE INSTRUCTIONS CAREFULLY.
Failure to do so may cause a significant delay in processing your request.

The cost of a certified copy of a marriage, civil union or domestic partnership certificate in Princeton is \$25.00 each, payable by money order. **Please note that money orders from other countries are not accepted. Also personal checks, especially out-of-state checks, are not accepted.**

ALL REQUESTS MUST INCLUDE A COPY OF CURRENT PICTURE IDENTIFICATION OF THE APPLICANT.

Print the attached request form complete it and submit it with the identification and payment listed below:

Or, if you are unable to print the request form, you can write to us and include the appropriate identification documents as listed below.

1. Name of Spouse/Applicant A, list name at birth or on birth certificate
2. Name of Spouse/Applicant B, list name at birth or on birth certificate
3. Date of event
4. Place of event
5. Legible photocopy of applicant's photo identification, e.g. driver's license or passport, the face of the applicant must be readily identifiable. For best results it is advised that the image be enlarged slightly and lighten slightly.
6. Legible copy of the address page of a utility bill, car registration card or car insurance card showing applicants name and current address.
7. Payment by money order payable to Princeton Health Department for the number of certified copies, which you are requesting [*no personal checks please*].
8. A stamped self-address envelope, with two (2) first class stamps for where the certified copies are to be sent.
9. Daytime telephone number, where applicant can be reached should there be any questions. If a telephone number is not provided and there are any questions regarding your request all of your items will be returned to you for resubmission
10. If you need to have this document expedited, we suggest that you pay for *Priority/Express Delivery* to this office and include a *Return Express Delivery envelope addressed back to you*. Any documents received via *Priority/Express Delivery* is guaranteed a 24-hour turn around.
11. **We are no longer able to accept money orders or certified bank checks from outside of the United States. If you are currently living outside of the United States and are requesting your certified document please contact us first before sending in your request.**

Requests should be mailed to:

Princeton Health Department
One Monument Drive
Princeton, New Jersey 08540
Attention: Lauralyn Bowen, C.M.R.

**Princeton Health Department
One Monument Drive
Princeton, New Jersey 08540
Certified Documents - \$25.00 per copy**

**APPLICATION FOR A NON-GENEALOGICAL CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD
APLICACIÓN PARA COPIAS CERTIFICADAS Ó CERTIFICACIONES DE REGISTROS CIVILES NO-ANCESTRO**

<input type="checkbox"/> I would like a Certified Copy . (Quiero una copia certificada.) <input type="checkbox"/> I would like a Certification . (Quiero una certificación.) Documents in need of an Apostille Seal must be obtained from the State. (Registros que necesitan un Sello de Apostille, deben ser obtenidos por la Oficina Estatal.)		Preferred format (if available): (Prefiero): <input type="checkbox"/> Computer-generated copy of original. (Copia del Original-Generado por Computadora) <input type="checkbox"/> Digital Image/Photocopy of original. (Imagen Digital/Fotocopia del Original)	
Name of Applicant (Nombre de Apicante)		Relationship to person on record (Proof is required if certified copy requested.) [Relación al individuo (Prueba es requerida para copia certificada.)]	
Current Mailing Address (Must Match address on ID) [Dirección Postal (Debe coincidir con identificación)]		Reasons for Request: (Motivo de solicitud) <input type="checkbox"/> Passport (Pasaporte) <input type="checkbox"/> Driver's License (Licencia de Conducir) <input type="checkbox"/> School/Sports (Escuela/Deportes) <input type="checkbox"/> Veterans' Benefits (Beneficios veteranos) <input type="checkbox"/> Social Security Card (Tarjeta Seguro Social) <input type="checkbox"/> Social Security Disability (SSI / Incapacidad) <input type="checkbox"/> Other SS Benefits (Otros beneficios de seguro social) <input type="checkbox"/> Medicare (Medicare) <input type="checkbox"/> Welfare (Asistencia Pública) <input type="checkbox"/> Other (Otro) _____	
City (Ciudad)	State (Estado)	Zip Code (Codigo Postal)	Daytime Telephone Number (Número Telefónico)
Applicant's Signature (Firma del Apicante)		Date of Application (Fecha)	

<input type="checkbox"/> BIRTH (NACIMIENTO)	Full Name of Child at Time of Birth (Nombre Completo al Nacer)		No. Requested Copies (No. de Copias)
	Place of Birth (City, Town) [Lugar de Nacimiento (Ciudad, Pueblo)]	County (Condado)	Exact Date of Birth (Fecha de Nacimiento)
	Full Name of Child's Parent A (List name given at birth or on birth certificate/Maiden name) [Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento o de soltera)]		
	Full Name of Child's Parent B (if on record) (List name given at birth or on birth certificate/Maiden name) [Nombre completo de Padre/Madre B (si el registro) (Inscrito en el acta de nacimiento o de soltera)]		
	If the Child's Name was Changed, Indicate New Name and How it was Changed: (Si el nombre del niño fue cambiado, indique el nuevo nombre y como fue cambiado):		
<input type="checkbox"/> MARRIAGE (MATRIMONIO) <input type="checkbox"/> CIVIL UNION (UNIÓN CIVIL) <input type="checkbox"/> DOMESTIC PARTNERSHIP (SOCIEDAD DOMÉSTICA)	Full Name of Spouse A/Partner A (List name given at birth or on birth certificate/Maiden name) [Nombre completo de Pareja A (Inscrito en el acta de nacimiento o de soltera)]		No. Requested Copies (No. de Copias)
	Full Name of Spouse B/Partner B (List name given at birth or on birth certificate/Maiden name) [Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento o de soltera)]		Exact Date of Event (Fecha Exacta del Evento)
	Place of Event (City, Town) [Lugar del Evento (Ciudad, Pueblo)]		County (Condado)
<input type="checkbox"/> DEATH (DEFUNCIÓN)	Name of Deceased Individual (Nombre del Fallecido)		
	Exact Date of Death (Fecha Exacta del Evento)		No. Requested Copies (No. de Copias)
	Place of Event (City/Town) [Lugar del Evento (Ciudad, Pueblo)]		County (Condado)
	Full Name of Deceased Individual's Parent A (List name given at birth or on birth certificate/Maiden name) [Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento o de soltera)]		Full Name of Deceased Individual's Parent B (List name given at birth or on birth certificate/Maiden name) [Nombre completo de Padre/Madre B (Inscrito en el acta de nacimiento o de soltera)]

Application Checklist: Have you enclosed and completed all required information?

(Lista Comprobada: ¿A Usted Incluido y Completado Toda la Información Requerida en la Aplicación?)

- All Items on Application (Todo Artículos en la Aplicación)
 Payment (Pago)
 Acceptable Forms of ID (Identificación Aceptable)
 Proof of Relationship (Prueba de Parentesco)
 Mailing Address Matches ID (Dirección Postal Coincidente con ID)

FOR OFFICIAL USE ONLY

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Payment Amount: \$	ID Viewed:	Processed By
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