



## 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 BIRTH 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 birth 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:**

1. Child's full name, exact date of birth, mother's full maiden name, father's full name.

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

2. Daytime telephone number, where applicant can be reached should there be any questions. If a telephone number is not provided and there are questions regarding your request, all of your items will be returned to you for resubmission.
3. Legible photocopy of applicant's current photo identification, e.g. driver's license or passport, the face of the applicant must be readily identifiable. For best results it is advisable to enlarge and lighten the image [if the copier has a photo reproduction setting please use that]. *If your Driver's License does not have a photo, and you do not have a passport, the license can still be included along with a copy of your two (2) most recent utility bills (no older than 60 days) which shows the name and address listed on the license.*
4. Legible copy of the address page of a recent utility bill, car registration card or car insurance card showing applicants name and current address. Be advised that the name and address on the bill should match those on the driver's license.
5. If your last name has changed from childhood (or if the applicant is the mother and your name has changed since the child's birth) due to marriage or legal action, please submit a copy of the appropriate documentary proof, such as marriage certificate or court documents.
6. Payment by money order made payable to Princeton Health Department for the number of certified copies that you are requesting
7. A stamped self-addressed envelope [with 2 first class stamps] of where the certificates should be sent.
8. 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.
9. *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 birth certificate 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, NJ 08540**  
**\$25.00 per copy**

**APPLICATION FOR A GENEALOGICAL CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD**  
**APLICACIÓN POR UNA COPIA CERTIFICADA Ó CERTIFICACIONES DE UN REGISTRO CIVIL ANCESTRO**

<input type="checkbox"/> I would like a <b>Certified Copy</b> . (Quiero una copia certificada.) <input type="checkbox"/> I would like a <b>Certification</b> . (Quiero una certificación.) Documents in need of an <b>Apostille Seal</b> must be obtained from the State. (Registros que necesitan un Sello de Apostille, deben ser obtenidos por la Oficina Estatal.)		If available, I prefer the format of the certified copy to be: (Prefero:) <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 del 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)	
City (Ciudad)	State (Estado)	Zip Code (Codigo Postal)	Daytime Telephone Number (Numero Telefónico)
Applicant's Signature (Firma del Apicante)		Date of Application (Fecha)	
		<input type="checkbox"/> Genealogy (Ancestral) <input type="checkbox"/> Dual Citizenship (Doble Ciudadanía) <input type="checkbox"/> Estate Matters (Cuestiones de Herencia) <input type="checkbox"/> Other (Otro) _____	

<input type="checkbox"/> <b>BIRTH</b> <b>(NACIMIENTO)</b>  (over 80 years ago) (más de 80 años)	Full Name of Child at Time of Birth (Nombre Completo al Nacer)		No. Requested Copies (No. de Copias)
	Place of Birth (City, Town) (Optional) (Lugar de Nacimiento (Ciudad, Pueblo) (Opcional))	County (Condado)	Date of Birth/Year(s) to be searched (Fecha de Nacimiento o años de búsqueda)
	Full Name of Child's Parent A (List name given at birth or on birth certificate/Maiden name) (Optional) (Nombre completo de Padre/Madre A (Inscrito en el acta de nacimiento o de soltera) (Opcional))		
	Full Name of Child's Parent B (if on record) (List name given at birth or on birth certificate/Maiden name) (Optional) (Nombre completo de Padre/Madre B (si el registro) (Inscrito en el acta de nacimiento o de soltera) (Opcional))		
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"/> <b>MARRIAGE</b> <b>(MATRIMONIO)</b>  (over 50 years ago) (más de 50 años)	Full Name of Spouse 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 (List name given at birth or on birth certificate/Maiden name) (Nombre completo de Pareja B (Inscrito en el acta de nacimiento o de soltera))		Date of Event/Year(s) to be searched (Fecha del Evento o años de búsqueda)
	Place of Event (City, Town) (Optional) (Lugar del Evento (Ciudad, Pueblo) (Opcional))	County (Condado)	
<input type="checkbox"/> <b>DEATH</b> <b>(DEFUNCIÓN)</b>  (over 40 years ago) (más de 40 años)	Name of Deceased (Nombre del Fallecido)		No. Requested Copies (No. de Copias)
	Place of Event (City/Town) (Optional) (Lugar del Evento (Ciudad, Pueblo) (Opcional))	County (Condado)	Date of Death/Year(s) to be searched (Fecha de muerte o años de búsqueda)
	Full Name of Deceased Individual's Parent A (Optional) (List name given at birth or on birth certificate/Maiden name) (Nombre completo de Padre/Madre A (Opcional) (Inscrito en el acta de nacimiento o de soltera))		Full Name of Deceased Individual's Parent B (Optional) (List name given at birth or on birth certificate/Maiden name) (Nombre completo de Padre/Madre B (Opcional) (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