

Cost Per Copy: \$25.00

**PROOF OF IDENTITY IS ALWAYS REQUIRED
PLEASE PRINT CLEARLY**

**Certified Check or Money
Order made payable to
Princeton Regional Health**

A certified copy of a vital record is issued to those individuals who have a **direct link** to the individual(s) named on the vital record (**mother, father, brother, sister, current spouse, legal guardian, or by court order**), as identified in Governor McGreevey's Executive Order #18, provided that the requestor is able to identify the vital record. A certified copy will contain the raised seal and can be used for legal purposes.

1. INFORMATION ON PERSON MAKING THE REQUEST (PLEASE PRINT)

Name of Person Applying for the Certificate			Today's Date
Street Address			Relationship to Person Named on Certificate
City	State	Zip Code	Tele. No.

Your Signature

Why is a Certified Copy Being Requested?

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 1 st Time Requested | <input type="checkbox"/> To obtain ID | <input type="checkbox"/> Passport/Travel | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> School/Sports | <input type="checkbox"/> Veteran Benefits | <input type="checkbox"/> Housing Approval | |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Social Security Card/Benefits | <input type="checkbox"/> Genealogy | _____ |
| <input type="checkbox"/> Driver License (Motor Vehicle) | <input type="checkbox"/> Welfare/Medicare/Medicaid | <input type="checkbox"/> Misplaced/Lost | |

2. BIRTH INFORMATION (PLEASE PRINT)

Full Name of Child at Time of Birth or <i>Legally Changed Name</i>	No. of copies requested
Place of Birth (City, Town, or Township)	Exact Date of Birth
Father's Full Name (if listed on the record)	
Mother's Full Maiden Name	

3. MARRIAGE INFORMATION (PLEASE PRINT)

Full Name of Husband	No. of copies requested
Full Maiden Name of Wife	
Place of Marriage	Exact Date of Marriage

4. DOMESTIC PARTNERSHIP or CIVIL UNION INFORMATION (PLEASE PRINT)

Full Name of Partner	No. of copies requested
Full Name of Partner	Exact Date Registered
Place where domestic partnership was registered (City, Town, or Township)	

5. DEATH INFORMATION (PLEASE PRINT)

Full Name of Deceased	No. of copies requested
Place of Death (City, Town, Township)	Exact Date of Death
Mother's Full Maiden Name	Father's Full Name (if recorded on the record)

ID Type - For Staff Use Only

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Driver Lic. - State Issued _____ | <input type="checkbox"/> For ID or Boat Operator Only | <input type="checkbox"/> Utility Bill(s) | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Work/School Id | <input type="checkbox"/> Mercer Cty. ID | <input type="checkbox"/> Car Insurance/Registration Card | <input type="checkbox"/> Passport |

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Master Card/Visa	<input type="checkbox"/> M/O <input type="checkbox"/> Waived	Certificate Type: <input type="checkbox"/> Photocopy <input type="checkbox"/> Typed <input type="checkbox"/> Computer	Payment Amount: \$	Processed by:
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