

PRINCETON HEALTH DEPARTMENT

Commission Members
Princeton

One Monument Drive
Princeton, New Jersey 08542
Phone: (609) 497-7608
Fax: (609) 924-7627

Robert Hary
Interim Health Officer
Lauralyn Bowen
Registrar

REQUEST FOR CERTIFIED COPY of CIVIL UNION 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 Civil Union 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.

If you are unable to print the attached request form to submit with the identification listed, you can write to us and your correspondence must include the following:

1. Full name of both partners
2. Exact date of ceremony
3. Place of ceremony
4. 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) recent utility bills which shows the name and address listed on the license.*
5. Legible copy of the address page of a recent utility bill, current car registration card or current car insurance card showing applicants name and current address
6. Payment by money order for the number of certified copies requested, payable to Princeton Health Department. *We do not accept personal checks or money orders from other countries.*
7. A stamped self-addressed envelope [with 2 first class stamps] for where the certificates are to be sent.
8. 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
9. If you need to have this document expedited, we suggest that you pay for *Express Delivery* to this office and *Return Express Delivery back to you*. Any documents received via *Priority/Express Delivery* is guaranteed a 24-hour turn around.
10. ***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 Civil Union certificate please contact us first before sending in your request.***

Requests should be mailed to:

Princeton Health Department
One Monument Drive
Princeton, New Jersey 08542

When this information and payment is received, the requested certified copies will be forwarded to you. Please allow two (2) to three (3) weeks turnaround time.

If you have any additional questions do not hesitate to contact this office at (609) 497-7608.

Cost Per Copy: \$25.00

*Money Order made payable to
Princeton Health Dept.*

**PRINCETON HEALTH DEPARTMENT
1 Monument Drive
Princeton New Jersey 08542
CIVIL UNION CERTIFICATE REQUEST FORM
PLEASE PRINT CLEARLY**

Current government-issued photo identification of all applicants must be presented with this form.

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 (**parent, 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 OF 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	Daytime Telephone 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. CIVIL UNION INFORMATION (PLEASE PRINT)

REQUIRED INFORMATION

Full Name of Party A [First, Middle & Last] List name at birth or on birth certificate		No. of copies requested
Full Name of Party B [First, Middle & Last] List name at birth or on birth certificate		Exact Date of Ceremony
Place of Ceremony		

Mail this completed form and money order:

Payable to: Princeton Health Department
1 Monument Drive
Princeton, New Jersey 08542