



PRINCETON HEALTH DEPARTMENT

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

Jeffrey C. Grosser
Health Officer
Lauralyn Bowen
Registrar

REQUEST FOR CERTIFIED COPY of DEATH 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 death 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.**

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. Name of deceased.
2. Date of death.
3. Place of death.
4. Proof of relationship to deceased, e.g. copy of birth certificate showing decedents name as parent and name of applicant, if your name was changed since childhood due to marriage, civil union or domestic partnership; a copy of marriage certificate, copy of certificate of civil union or copy of domestic partnership certificate.
5. If you are the legal representative of the Estate, i.e. Executor, Executrix or Attorney of the Estate, legal written documentation of this must be provided.
6. Legible copy of applicant's photo identification, e.g. current driver's license or passport. The person in the photograph must be easily identifiable. For best results it is suggested to lighten and enlarge 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.*
7. Copy of the address page of a utility bill showing the name and address of the person requesting the certified copies.
8. Money order payable to Princeton Health Department for the number of certified copies that you are requesting [*no personal checks please*].
9. A stamped self-addressed envelope [with 2 first class stamps] of where the certified copies are to be sent.
10. 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.
11. 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.
12. **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 a death 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.

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 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 Department*

**PRINCETON HEALTH DEPARTMENT
One Monument Drive
Princeton New Jersey 08540
DEATH 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. DEATH INFORMATION (PLEASE PRINT)			
<u>REQUIRED INFORMATION</u>			
Full Name of Deceased			No. of copies requested
Place of Death		Exact Date of Death	
Full Name of Deceased's Parent [First, Middle & Last] List name at birth or on birth certificate			
Full Name of Deceased's Parent [First, Middle & Last] List name at birth or on birth certificate			

Mail this completed form and money order:
Payable to: Princeton Health Department
One Monument Drive
Princeton, New Jersey 08540