

**Cost Per Copy: \$25.00**

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

**PRINCETON REGIONAL HEALTH DEPARTMENT  
1 Monument Drive  
Princeton New Jersey 08542  
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 (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 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.
<b>Your Signature</b>			
<b>Why is a Certified Copy Being Requested?</b>			
<input type="checkbox"/> 1 <sup>st</sup> 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)			
<b><u>REQUIRED INFORMATION</u></b>			
Full Name of Deceased			No. of copies requested
Place of Death		Exact Date of Death	
Full Name of Deceased's Father [First, Middle & Last]			
Full Maiden Name of Deceased's Mother [First, Middle & Last]			

**Mail this completed form and bank check or money order:  
Payable to:** Princeton Regional Health Department  
1 Monument Drive  
Princeton, New Jersey 08542

## PRINCETON REGIONAL HEALTH DEPARTMENT

Commission Members  
Borough of Princeton  
Township of Princeton

One Monument Drive  
P.O. Box 390  
Princeton, New Jersey 08542  
Phone: (609) 497-7608  
Fax: (609) 924-7627

David A. Henry  
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.

**Deaths are registered in the town in which they occurred. That being the case, you would obtain a certified copy of a death certificate from the appointed office of vital statistics in that town.**

**The cost of a certified copy in Princeton Borough is \$25.00 per copy, certified bank check or money order. Personal checks and Credit Cards are not accepted.**

When requesting certified copies by mail, 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, 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 shoe 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. Certified check or money order payable to Princeton Regional Health Department for the number of certified copies that you are requesting.
9. A stamped self-addressed envelope [with 2 first class stamps] of where the certified copies are to be sent.
10. Daytime telephone number of the person requesting certified copies.

#### Requests should be mailed to:

Princeton Regional Health Department  
One Monument Drive  
Princeton, New Jersey 08542  
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 any additional questions do not hesitate to contact this office at (609) 497-7608.**