


## 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 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 certified bank check or money order. Personal checks, especially out of state checks, are not accepted. Please do not send cash in the mail.

**ALL REQUESTS MUST INCLUDE A COPY OF CURRENT PICTURE IDENTIFICATION OF THE APPLICANT.**

Your correspondence must include the following:

1. Name of Child (First, Middle & Last)
2. Date of Birth
3. Place of birth
4. Name of Father (First, Middle & Last)
5. Maiden Name of Mother (First, Middle & Last)
6. 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
7. 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 show the name and address listed on the license.*
8. 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.
9. Payment by certified bank check or money order made payable to Princeton Regional Health Department for the number of certified copies that you are requesting. *Please do not send personal checks or cash via the mail.*
10. A stamped self-addressed envelope [with 2 first class stamps] of where the certified copies are to be sent.

Requests should be mailed to:

Princeton Regional Health Department  
One Monument Drive  
PO Box 390  
Princeton, New Jersey 08542  
Attention: Lauralyn Bowen, C.M.R.

When this office receives this information the certified copies would be forwarded to you. Please allow two (2) to three (3) weeks for your request to reach you.

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

**Cost Per Copy: \$25.00**

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

**PRINCETON REGIONAL HEALTH DEPARTMENT  
1 Monument Drive  
PO Box 390  
Princeton New Jersey 08542  
BIRTH 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. BIRTH INFORMATION (PLEASE PRINT)**

**REQUIRED INFORMATION**

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

**Mail this completed form and bank check or money order:**

**Payable to:** Princeton Regional Health Department  
1 Monument Drive  
PO Box 390  
Princeton, New Jersey 08542