



## 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 MARRIAGE 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 marriage 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. Name of Spouse A, list name at birth or on birth certificate
2. Name of Spouse B, list name at birth or on birth certificate
3. Date of marriage
4. Place of marriage
5. Legible photocopy of applicant's photo identification, e.g. driver's license or passport, the face of the applicant must be readily identifiable. For best results it is advised that the image be enlarged slightly and lighten slightly.
6. Legible copy of the address page of a utility bill, car registration card or car insurance card showing applicants name and current address.
7. Payment by money order payable to Princeton Health Department for the number of certified copies, which you are requesting [*no personal checks please*].
8. A stamped self-address envelope for where the certified copies are to be sent.
9. 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
10. 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.
11. **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 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 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 Department*

**PRINCETON HEALTH DEPARTMENT  
One Monument Drive  
Princeton New Jersey 08542  
MARRIAGE 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.	
<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. MARRIAGE INFORMATION (PLEASE PRINT)**

**REQUIRED INFORMATION**

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

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