



Hopewell Township
Office of Vital Statistics
590 Shiloh Pike
Bridgeton NJ, 08302
856-455-1230
Hours: Monday-Friday 9:00am-4:30pm

Name of Applicant	Relationship to person on record (Proof is required if certified copy requested.)	Reasons for Request: <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> School/Sports <input type="checkbox"/> Veterans' Benefits <input type="checkbox"/> Social Security Card <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Other SS Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Other
Current Mailing Address (<i>Must Match address on ID</i>)		
City State Zip Code	Daytime Telephone Number	
Applicant's Signature	Date of Application	

<input type="checkbox"/> BIRTH	Full Name of Child at Time of Birth		No. Requested Copies
	Place of Birth (City, Town)	County	Exact Date of Birth
	Child's Mother's Full Maiden Name		Child's Father's Name (if on record)
	If the Child's Name was Changed, Indicate New Name and How it was Changed:		
<input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> DOMESTIC PARTNERSHIP	Full Name of Spouse A / Partner A Please use Name from Birth Certificate		No. Requested Copies
	Full Name of Spouse B / Partner B Please use Name from Birth Certificate		Exact Date of Event
	Place of Event (City, Town)		County
<input type="checkbox"/> DEATH	Name of Deceased		No. Requested Copies
	Exact Date of Death	Place of Event (City/Town)	County
	Maiden Name of Deceased Individual's Mother		Name of Deceased Individual's Father

Application Check List: Have you enclosed and completed all required information?

- All Items on Application Payment Acceptable Forms of ID Proof of Relationship Mailing Address Matches ID

FOR STATE USE ONLY			
Payment Type: <input type="radio"/> Cash <input type="radio"/> M/O <input type="radio"/> Check <input type="radio"/> Waived	Payment Amount: \$	ID Viewed:	Processed By