

**ROBBINSVILLE TOWNSHIP**  
**Mercer County**  
**Request for Certified Copies of a Birth/Death Record**

|   |                                  |  |            |  |
|---|----------------------------------|--|------------|--|
| <b>Type of record:</b><br><input type="checkbox"/> Birth <input type="checkbox"/> Death   | <b>Exact date of birth/death</b> | <b>Full name as it appears on record (First, Middle, Last)</b> |            |  |
| <b>Full Name of Parent 1 (maiden name if female)</b>  |                                  | <b>Full name of Parent 2 (maiden name if female)</b>           |            |  |
| <b>Name of person requesting record</b>   |                                  | <b>Daytime phone number of requestor</b>                       |            |  |
| <b>Address where record should be mailed</b>  | <b>City</b>                      | <b>State</b>   | <b>Zip</b> |  |
| <b>Requestor's relationship to individual on record: (Proof Required)</b><br><input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Funeral Director <input type="checkbox"/> Legal Guardian<br><input type="checkbox"/> Legal Representative <input type="checkbox"/> Other _____ |                                  |  |            |  |

**You must include the following when mailing this request:**

- Copy of Photo ID showing the address to which record is being sent

Note: If you do not have a photo ID showing the address to which the record will be sent, you may submit a photo ID without the address (military ID, Work ID, School ID) **AND** one other form of ID showing the shipping address.

**OR**

2 alternate forms of ID showing requestor's name and shipping address – (such as an insurance card, voter registration card, Utility bill, Tax bill, bank statement or deed)

- Check or Money Order for the proper amount:

Fee: \$8 for each copy  
 Make Checks Payable To: Robbinsville Township

Mail this form to: Robbinsville Township Clerk's Office  
 1 Washington Blvd., 2<sup>nd</sup> Floor Suite 6  
 Robbinsville, NJ 08691  
 (609) 918-0002 ext. 104

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 Multiple years will not be searched. You will be notified within 7 days of receipt of request as to the availability of the requested record. Death records will not include cause of death unless requested and a certification is filed by an authorized individual.

- Approved                       Denied, Reason \_\_\_\_\_