

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

Type of record: <input type="checkbox"/> Birth <input type="checkbox"/> Death	Exact date of birth/death	Full name as it appears on record (First, Middle, Last)		
Full Name of Parent 1 (maiden name if female)		Full name of Parent 2 (maiden name if female)		
Name of person requesting record		Daytime phone number of requestor		
Address where record should be mailed	City	State	Zip	
Requestor's relationship to individual on record: (Proof Required) <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 <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: \$10 for each copy
 Make Checks Payable To: Robbinsville Township

Mail this form to: Robbinsville Township Clerk's Office
 1 Washington Blvd., 2nd 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 _____