INFORMATION ON CERTIFIED DEATH CERTIFICATES

RE: N.J.S.A. 26:8-23

To all persons who read this certification, be aware that there is a State of New Jersey Department of Health, Bureau of Vital Statistics Law concerning the confidentiality of medical information on certified copies of death certificates. Your completion of this certification will allow the Registrar of Vital Statistics to issue complete certified death certificates which will include all medical information. In the event you do not complete this form, all medical information will be deleted from the death certificate copies you receive.

Certification

Date: _____ Date of Death: _____

I _____ , _____
(Applicant) (Relationship)

(Must be executor of the estate, an authorized representative of the deceased, the surviving spouse, caretaking partner, or, if no spouse or caretaking partner, then another family member or, if the deceased is a minor, the parent or guardian. In the event that none of the above relationships exist, then any relative may sign.)

to the decedent, hereby authorized the issuance of _____ (number of certified copies) certifications of death record of:

_____ disclosing the cause of death section.
(Name of Deceased Person)

Also issue _____ (number of copies) without the medical information included.

I certify that the above information, supplied by me, is true.

I am aware that I am subject to punishment if I have falsely supplied the above information.

_____
Signature

_____
Witness

I have read the above certification and decline all of the above. I/We do not want death certificates issued with the medical information disclosed. I/We know that the _____ (number of copies) death certificates we ordered will not contain any medical information.

_____
Signature