

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES  
CERTIFICATE OF DEATH

STATE FILE NUMBER

Time of Death  
Date of Death  
Name of Decedent as Known by Physician

1a. Legal Name of Decedent (First, Middle, Last)  
1b. Also Known As (AKA), If Any (First, Middle, Last)  
2. Sex 3. Social Security Number  
4a. Age-Last Birthday 4b. Under 1 Year 4c. Under 1 Day 5. Date of Birth (Mo/Dy/Yr) 6. Birthplace (City & State/Foreign Country)  
7a. Residence-State 7b. County 7c. Municipality/City  
7d. Street and Number 7e. Apt. No. 7f. Zip Code 7g. Inside City Limits?  
8a. Ever in US Armed Forces? 8b. If Yes, Name of War: 8c. War Service Dates (From/To):  
9. Domestic Status at Time of Death (Check only one) 10. Name of Surviving Spouse/Partner  
11. Father's Name (First, Middle, Last) 12. Mother's Name Prior to First Marriage (First, Middle, Last)  
13a. Name of Informant 13b. Relationship to Decedent  
13c. Mailing Address (Street and Number, City, State, Zip Code)  
14. Method of Disposition 15. Place of Disposition (Name of cemetery, crematory, other place)  
16. Location-City or Town and State  
17. Name and Complete Address of Funeral Facility  
18. Signature of Funeral Director 19. NJ License Number  
20. Decedent Education 21. Decedent of Hispanic Origin? 22. Decedent Race (Check one or more boxes to indicate what race the decedent considered himself/herself to be.)  
23. Occupation of Decedent (Type of work done most of life, even if retired) 24. Kind of Business/Industry  
25. Name and Address of Last Employer

ITEMS 26-30 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH  
26. Date Pronounced Dead (Mo/Day/Yr) 27. Time Pronounced Dead  
28. Signature of Person Pronouncing Death (if other than Certifier) 29. License Number 30. Date Signed (Mo/Day/Yr)  
31. Date of Death (Mo/Day/Yr) 32. Time of Death 33. Was Medical Examiner Contacted?  
34. PLACE OF DEATH (Check only one)  
35a. Facility Name (If not institution, give street and number) 35b. Municipality 35c. County  
CAUSE OF DEATH  
36a. PART I IMMEDIATE CAUSE - final disease or condition resulting in death. Subsequently list conditions, if any, leading to the cause listed on Line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.  
36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I.  
37. Was an Autopsy Performed? 38. Were Autopsy Findings Available to Complete Cause of Death?  
39. Date of Injury (Mo/Day/Yr) 40. Time of Injury 41. Place of Injury (e.g., home, construction site, restaurant) 42. Injury at Work?  
43a. Location of Injury (Number and Street, Zip Code) 43b. Municipality 43c. County 43d. State  
44. Describe How Injury Occurred 45. If Transportation Injury:  
46. Manner of Death 47. Did Decedent Have Diabetes? 48. Did Tobacco Use Contribute to Death? 49. If Female:  
50. Certifier (Check only one)  
51. Name, Address and Zip Code of Certifier  
52. Signature of Certifier 53. License Number 54. Date Certified (Mo/Day/Yr)  
55. Signature of Local Registrar 56. District No. 57. Date Received Local File Number

FOR STATE USE ONLY  
Place of Accident  
Cross Class

Received for Limb Only

Record Contains Amendment