REG-18 JAN 07

H5341

STATE FILE NUMBER

REG-18 JAN 07		NEW JERSEY DEPA	ERTIFICATE			SERV	ICES					
□ AM		1a. Legal Name of Decedent (First, Middle, Last)										
		1b. Also Known As (AKA), If Any (First, Middle, Last)						Sex 3. Social Security Number				
Time of Death		4a. Age-Last Birthday 4b. <i>Years</i>		4c. Under 1		Date of Bi	irth (Mo/Dy/Yr)	6. Birthplace	e (City & Stat	te/Foreign Coun	ntry)	
Ë			Months Days County	Hours	Minutes	7c. Mun	nicipality/City					
		7d. Street and Number			7e. /	Apt. No.	7f. Zip Code	9	7g.	Inside City Lim		
		8a. Ever in US Armed Forces  ☐Yes ☐No ☐Un	s? 8b known	. If Yes, Nam	e of War:		8c. V	Var Service D	Dates (From/			
٩	D BY FUNERAL DIRECTOR	9. Domestic Status at Time of Death (Check only one) Single/Never Married   Widowed   Domestic Partner   (List name given at birth or on birth certificate)								ate)		
of Death		☐ Married       ☐ Civil Union Partner       ☐ Domestic Partnership Terminated         ☐ Married, but Separated       ☐ Civil Union Dissolved       ☐ Domestic Partner (Deceased)         ☐ Divorced       ☐ Civil Union (Deceased)       ☐ Unknown										
Date c		11. Father's Name (First, Middle, Last)  12. Mother's Name Prior						o First Marriage (First, Middle, Last)				
		13a. Name of Informant					13b. Relationship to Decedent					
		13c. Mailing Address (Street a	and Number, City, State,	Zip Code)			- 1					
		14. Method of Disposition  Burial  Cremation  Donation  Entombment			ace of Disposition (Name of cemetery, crematory, other place)							
	LETE	☐Removal from State ☐Other (Specify):	n-City or Town and State									
	COMPLETED	17. Name and Complete Add		/								
cian	BE	18. Signature of Funeral Dire				loo D		ense Number				
Decedent as Known by Physician	10	20. Decedent Education (Highest degree or level of school completed at time of death)  ☐ Grade 8 or less ☐ Grade 9-12; no diploma ☐ High school graduate or GED  21. Decedent of I (Check one or best describe Spanish/Hispa			re boxes that cedent is	the	ecedent Race (i e decedent cons White	sidered himseli		,	race	
own by					decedent is not Latino.)	_(	American Indian or Alaska Native (Enrolled or principal tribe)					
as Kn		□Some college credit, no degree □Associate degree (AA, AS) □Yes, Mexico			/Hispanic/ Latino lexican American,  □ Asian Indian □ Chinese □ Other Asian (S)			☐ Filipino ☐ Korean ☐ Japanese ☐ Vietnamese				
cedent		□Bachelor's degree (BA, AB, BS) □Master's degree (MA, MS, MEd, MSW) □Destroyte (BND, EdD) or □Yes, Other Spanish/Hispanic/					□Native Hawaiian □Guamanian or Chamorro □Samoan					
		Doctorate (PhD, EdD) or Professional degree (MD, DDS, JD)						ander (Specify)				
Name of		23. Occupation of Decedent	(Type of work done mos	t of life, even i	f retired)	24. Kin	nd of Business/	Industry/				
		25. Name and Address of La	st Employer									
FOR STATE USE ONLY		ITEMS 26-30 MUST BE C WHO PRONOUNCES	OR CERTIFIES DEAT	H	Date Pronounce	,	, ,		Pronounced	□AM	□РМ	
Place of Accident		28. Signature of Person Pron	ouncing Death (if other	than Certifier	·) 29. l	License N	lumber	30.	Date Signe	ed (Mo/Day/Yr)		
		31. Date of Death (Mo/Day/Yr	3	2. Time of D	eath	□AM		. Was Medica		Contacted? ☐No		
Cross Class		34. PLACE OF DEATH (Check only one)  If Death Occurred in a Hospital:  □Inpatient □Inpa										
	~	Dead on Arrival  35a. Facility Name (If not insti	or Outpatient itution, give street and no		Decedent's Ho . Municipality	ome 🔲	Other (Specify):		35c. Cour	nty		
		CAUSE OF DEATH 36a. PART I	Immediate Cause - (Enter chain of events (									
	CERTIFIER	IMMEDIATE CAUSE - final disease or condition	DO NOT enter terminal events such as cardiac arrest, or ventricular fibrillation without showing etiology.  DO NOT ABBREVIATE. Enter only one cause per line. Add additional lines if necessary.  a.  Onset and Death									
	MEDICAL CER'	resulting in death. Sub- sequently list conditions, if any, leading to the	quence of):	<u> </u>								
Received		cause listed on Line a.  Enter the UNDERLYING CAUSE (disease or injury										
for Limb Only	MED	that initiated the events resulting in death) LAST.  36b. PART II - Enter other signal.	Due to (or as a consected).		looth but not ros	sulting In	27 Mas as Aut	100 W	ara Autana	· Findings Avoi	ilabla ta	
	D BY	in underlying cause give		illibuting to d	eath but not les	sulling 13	Performed?  Performed   Yes	? Co		Findings Availuse of Death?		
	ETE	39. Date of Injury (Mo/Day/Yr) 40. Time of Injury □AM □F			41. Place of Injury (e.g., home, construct			tion site, resta	fon site, restaurant) 42. Injury at Work?  □Yes □No			
	TO BE COMPLETED	43a. Location of Injury (Number and Street, Zip Code)			43b. Municipality			43c. County 43d. State				
Record		44. Describe How Injury Occu	urred			45	5. If Transporta  Driver/Ope  Passenger	rator ´ ∐Peo	destrian ner (specify):			
Contains Amendment		46. Manner of Death  ☐Natural ☐Pending		Did Tobacco Use 49. If F Contribute to Death? □		9. If Female: ☐Not pregna	_ (1 )/					
		□Accident Investigation □Yes     □Suicide □Could not be □No     □Homicide determined □Unknown			☐Yes ☐Probably ☐Not pregn☐Not pregn☐Not pregn☐			at time of death ant, but pregnant within 42 days of death ant, but pregnant 43 days to 1 year before death f pregnant within the past year				
		50. Certifier (Check only one)  Certifying physician-To the	ne best of my knowledge,	death occurred	due to the cause(s		ner stated.					
		☐ Pronouncing and Certifyi ☐ Medical Examiner-On the  51. Name, Address and Zip C	ing Physician-To the best e basis of examination/inve	of my knowled	lge, death occurre	d at the tim	e, date, and plac					
		52. Signature of Certifier			53. l	53. License Number			54. Date Certified (Mo/Day/Yr)			
		55. Signature of Local Regist	rar	Ise Di	strict No. 57 I				File Numbe	, , ,		