

New Jersey Department of Health  
ELECTRONIC DEATH REGISTRATION SYSTEM  
WORKSHEET FOR FUNERAL DIRECTOR

CASE ID NUMBER

CREATE CASE INFORMATION

Check (X) if Received for Limb Only: ☐

1a. Legal Name of Decedent

First Name

Middle Name

Last Name

Suffix

2. Sex

☐ Male

☐ Female

☐ Undesignated/Non-Binary

☐ Unknown

Place of Death:

35c. County

35b. Municipality

31. Date of Death (Month/Day/Year)

DECEDENT INFORMATION

1b. Also Known As (AKA), If Any (Enter up to 3 aliases.)

ALIAS 1

First Name

Middle Name

Last Name

Suffix

ALIAS 2

ALIAS 3

3. Social Security Number

5. Date of Birth (Month/Day/Year)

4a. Age-Last Birthday (Years)

4b. Under 1 Year (Months/Days)

4c. (Under 1 Day (Hours/Minutes)

6. Birthplace (City and State/Foreign Country)

Foreign Country

State

City

RESIDENCE INFORMATION

Country

7a. State

7b. County

7c. Municipality/City

7g. Inside City Limits?

☐ Yes

☐ No

☐ Unknown

7d. Street Address

7e. Apt. No.

7f. Zip

ARMED FORCES INFORMATION

8a. Ever in US Armed Forces?

☐ Yes

☐ No

☐ Unknown

Died on Active Duty?

☐ Yes

☐ No

☐ Unknown

8b. If Ever in US Armed Forces, Name of War

8c. War Service Dates

From:

To:

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**DOMESTIC STATUS**

9. Domestic Status at Time of Death *(Check only one)*

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Single/Never Married | <input type="checkbox"/> Married but Separated  | <input type="checkbox"/> Domestic Partner                | <input type="checkbox"/> Not Obtainable |
| <input type="checkbox"/> Divorced             | <input type="checkbox"/> Civil Union Partner    | <input type="checkbox"/> Domestic Partnership Terminated | <input type="checkbox"/> Unknown        |
| <input type="checkbox"/> Married              | <input type="checkbox"/> Civil Union (Deceased) | <input type="checkbox"/> Domestic Partnership (Deceased) |   |
| <input type="checkbox"/> Widowed              | <input type="checkbox"/> Civil Union Dissolved  |  |   |

10. Surviving Spouse/Partner

First Name	Middle Name	Last Name (List name given at birth or on birth certificate/Maiden name)	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PARENTAL INFORMATION**

11. Father's First Name	Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Mother's First Name	Middle Name	Last Name (List name given at birth or on birth certificate/Maiden name)	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**INFORMANT INFORMATION**

13a. First Name	Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

13b. Relationship to Decedent

13c. Mailing Address *(Street and Number, City, State, Zip Code)*

**DISPOSITION INFORMATION**

14. Method of Disposition

- |                                   |                                     |  |
|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Burial   | <input type="checkbox"/> Cremation  | <input type="checkbox"/> Removal from State                    |
| <input type="checkbox"/> Donation | <input type="checkbox"/> Entombment | <input type="checkbox"/> Other (Specify): <input type="text"/> |

15. Place of Disposition *(Name of cemetery, crematory, other place)*

16. Disposition Location

Country	State	County
<input type="text"/>	<input type="text"/>	<input type="text"/>

Municipality, City or Town

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**DEMOGRAPHIC INFORMATION**

22. Decedent Race - Check one or more boxes to indicate what race the decedent considered himself/herself to be.

- ☐ Unknown    ☐ Not Obtainable    ☐ Refused  
☐ White    ☐ Black or African American  
☐ American Indian or Alaska Native  
(Enrolled or principal tribe) \_\_\_\_\_ (Secondary tribe) \_\_\_\_\_  
☐ Asian Indian    ☐ Chinese    ☐ Filipino  
☐ Japanese    ☐ Korean    ☐ Vietnamese  
☐ Other Asian (Specify): \_\_\_\_\_  
☐ Native Hawaiian    ☐ Guamanian or Chamorro    ☐ Samoan  
☐ Other Pacific Islander (Specify): \_\_\_\_\_  
☐ Other (Specify): \_\_\_\_\_

21. Decedent of Hispanic Origin?

Check one or more boxes that best describe if decedent is Spanish/Hispanic/Latino.  
Check "No" box if decedent is not Spanish/Hispanic/Latino.

- ☐ Unknown    ☐ Not Obtainable    ☐ Refused  
☐ No, Not Spanish/Hispanic/ Latino  
☐ Yes, Mexican, Mexican American, Chicano    ☐ Yes, Puerto Rican    ☐ Yes, Cuban  
☐ Yes, Other Spanish/Hispanic/ Latino (Specify): \_\_\_\_\_

**EDUCATION INFORMATION**

20. Decedent Education

Highest degree or level of school completed at time of death.

- ☐ Unknown  
☐ Grade 8 or less    ☐ Associate degree (AA, AS)  
☐ Grade 9-12; no diploma    ☐ Bachelor's degree (BA, AB, BS)  
☐ High school graduate or GED    ☐ Master's degree (MA, MS, MEd, MSW)  
☐ Some college credit, no degree    ☐ Doctorate (PhD, EdD) or Professional degree (MD, DDS, JD)

**OCCUPATION INFORMATION**

23. Occupation of Decedent

(Type of work done most of life, even if retired)

24. Kind of Business/Industry

25. Name of Last Employer

Street Address of Last Employer

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**ORDER CERTIFIED COPIES**

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Number of Long Form Copies: \_\_\_\_\_ With Cause of Death    \_\_\_\_\_ Without Cause of Death

Method of Distribution:    ☐ Hold for Pick-up    -OR-    ☐ UPS