

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Sex

Male Female 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ALIAS 2

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ALIAS 3

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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
<input type="text"/>	<input type="text"/>	<input type="text"/>

RESIDENCE INFORMATION

Country	7a. State	7b. County
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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