

*NEW Jersey Department of Health and Senior Services
Bureau of Vital Statistics*

AUTHORIZATION FOR RELEASE OF CAUSE OF DEATH

I, _____, _____,
(Name of person Authorizing Release) (Relationship to Decedent)

hereby authorize the issuance of a (select one): ___ Certified Copy -OR- ___ Certification
of the death record of _____ disclosing the cause
(Name of Decedent)
of death section to _____.
(Name of Person Receiving Certified Copy Containing the Cause of Death)

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 of Person Authorizing Release)

(Date)

(Signature of Notary Public)

(Seal of Notary Public)

INSTRUCTIONS

Regulations adopted in the New Jersey Register (8:2A-2.1 et. seq.) on November 7, 2005 require that death
certificates showing the medical cause of death may be issued only to individuals related to the decedent as
follows:

1. The parent of the subject of the death record
2. the subject's legal guardian or legal representative
3. the subject's spouse of domestic partner
4. the subject's child, grandchild or sibling, if of legal age
5. a State or Federal agency requesting the record for official purposes
6. a person requesting the record pursuant to a court order
7. a person requesting the record under emergent circumstances, as determined on a case-by-case
basis by the Commissioner