

**CERTIFICATION AUTHORIZING THE RELEASE OF A FULL, CERTIFIED COPY OF A DEATH CERTIFICATE, DISCLOSING THE CAUSE OF DEATH**

NOTE: In order for a Registrar of Vital Statistics to release a full certified copy of a death certificate, disclosing the cause of death, a certification authorizing the release of the said information must be filed with the Registrar by an individual authorized to receive this information by law.

- I am an executor, administrator of the estate or authorized representative of the decedent.
- I am a surviving spouse or caretaking partner.
- There is no surviving spouse or caretaking partner. I am an authorized member of the family (direct lineage including brother, sister, grandparent or grandchild of the deceased of legal age).
- I am a parent, guardian or other individual authorized under state law to act in a minor's behalf.
- The deceased person has neither an authorized representative nor next of kin as defined above. The Commissioner of the New Jersey Department of Health has authorized the release of the information to me, as shown by the attached letter.

I hereby certify by my signature below, that the representations made herein are true and accurate. I understand that taking a false oath constitutes perjury, which is punishable under the law.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTARY PUBLIC**

I, \_\_\_\_\_ certify that the above appeared in person and this is a true signature.

SEAL

Sworn and subscribed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires \_\_\_\_\_.