

New Jersey Department of Health and Senior Services  
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    |
| <input type="text"/> | <input type="text"/> |

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"/> |
|----------------------|----------------------|----------------------|----------------------|

ALIAS 3

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

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

**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:

**WORKSHEET FOR FUNERAL DIRECTOR  
(Continued)**

|                       |
|-----------------------|
| <b>CASE ID NUMBER</b> |
|                       |

**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 (List Name given at birth or on Birth Certificate) | Suffix |
|            |             |   |        |

**PARENTAL INFORMATION**

|                         |             |           |        |
|-------------------------|-------------|-----------|--------|
| 11. Father's First Name | Middle Name | Last Name | Suffix |
|                         |             |           |        |

|                         |             |                                     |        |
|-------------------------|-------------|-------------------------------------|--------|
| 12. Mother's First Name | Middle Name | Last Name (Prior to First Marriage) | Suffix |
|                         |             |                                     |        |

**INFORMANT INFORMATION**

|                 |             |           |        |
|-----------------|-------------|-----------|--------|
| 13a. First Name | Middle Name | Last Name | Suffix |
|                 |             |           |        |

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): <table border="1"><tr><td> </td></tr></table> |  |
|                                   |                                     |   |  |

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

|  |
|--|
|  |
|--|

16. Disposition Location

|         |       |        |
|---------|-------|--------|
| Country | State | County |
|         |       |        |

Municipality, City or Town

|  |
|--|
|  |
|--|

**WORKSHEET FOR FUNERAL DIRECTOR  
(Continued)**

|                       |
|-----------------------|
| <b>CASE ID NUMBER</b> |
|                       |

**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

**ORDER CERTIFIED COPIES**

Number of Short Form Copies:  With Cause of Death                       Without Cause of Death

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

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