

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"/>
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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

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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**(Continued)**

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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 (List Name given at birth or on Birth Certificate)	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 (Prior to First Marriage)	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

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