

**Township of Parsippany-Troy Hills
Registrar of Vital Statistics**

AUTHORIZATION FOR RELEASE OF CAUSE OF DEATH INFORMATION

Name of Decedent (Print)	Date of Death
<input type="checkbox"/> As the surviving spouse/civil union partner of the decedent named above, I hereby authorize the issuance of a certification of the death record disclosing the cause of death section. I certify that the information, supplied by me, is true. I am aware that I am subject to punishment if I have falsely supplied the above information.	
<input type="checkbox"/> I hereby authorize the issuance of a certification of the death record of the decedent named above, disclosing the cause of death section. There is no surviving spouse/civil union partner to the best of my knowledge. I certify that the information, supplied by me, is true. I am aware that I am subject to punishment if I have falsely supplied the above information.	
Name of Applicant (Print)	Relationship to Deceased
Signature of Applicant	Date
Signed and Sworn Before Me This Day of 20__	

INSTRUCTIONS

Regulations adopted in the New Jersey Register (8:2A-1.1 et seq.) on December 20, 1993 require that certification of death certificates showing the medical cause of death may be issued only to individuals related to the decedent as follows:

1. Executor, Administrator of the estate, or authorized representative of the deceased person; or
2. Surviving spouse/civil union partner; or
3. **If there is no spouse/civil union partner**, then by another authorized member of the immediate family. (Immediate family means **direct** descendants/ascendants. Cousins, nieces/nephews, aunts/uncles are NOT direct descendants.); or
4. A parent, guardian, or other individual authorized under state law to act in behalf of a minor.

Please note that if there is a surviving spouse/civil union partner (not a former spouse/civil union partner), other authorized members of the family must obtain written consent from the surviving spouse/civil union partner before the cause of death can be issued. However, if only the manner of death (e.g., natural, homicide, suicide, accidental) is needed, permission is not required.

THIS FORM MUST BE NOTARIZED