



CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

OFFICE OF CITY CLERK

APPLICATION FOR CERTIFIED RECORD OF A DEATH – Fee \$10.00

MAKE CHECKS PAYABLE TO CITY OF OCEAN CITY, 861 ASBURY AVENUE, OCEAN CITY, NJ 08226

DEATH

Requester's Name _____

Requester's Address _____

Requester's relationship to the Decedent _____ as stated in **paragraph 2** of **cover letter**.

Place of Death as it appears on the record _____
CITY STATE

The Decedent's full name exactly as it appears on record

LAST FIRST MIDDLE

The Decedent's Date of Death as it appears on record _____
MONTH DAY YEAR

Photocopy of ID Enclosed (Per requirements as listed on **cover letter**.)

- 1.
- 2.
- 3.

REQUESTER'S SIGNATURE

DATE

Note: If you should need the **cause of death** on a death record, you must complete the enclosed **Consent for Disclosure of Confidential Record** Required by NJSA 26:5C-12. Please note the top portion which lists the individuals who may obtain this information before completing.