



Registrar of Vital Statistics
City Hall

OCEAN CITY, NEW JERSEY 08226
(609) 399-6111

CONSENT FOR DISCLOSURE OF CONFIDENTIAL RECORD
REQUIRED BY N.J.S.A. 26:5C-12 AND TITLE 8
CHAPTER 2 SUBCHAPTER 1 8:2A 1-2

1. EXECUTOR, ADMINISTRATOR OF THE ESTATE OR AUTHORIZED REPRESENTATIVE OF THE DECEASED.
2. SURVIVING SPOUSE OR CARETAKING PARTNER.
3. IF NO SPOUSE OR CARETAKING PARTNER, THEN BY OTHER AUTHORIZED FAMILY MEMBER (direct lineage including brother, sister, grandparents, grandchildren or children of decedent, providing they are of legal age)
4. A PARENT, GUARDIAN OR OTHER INDIVIDUAL AUTHORIZED BY STATE LAW TO ACT IN A MINORS BEHALF.

CERTIFICATION

I _____, Relationship _____
to Decedent _____ Date of Death _____

hereby authorize the issuance of a certified copy of the Death Record of the foregoing person disclosing all information including the cause of Death. I certify that the above information supplied by me is true and I am subject to punishment if I have falsely supplied the above information.

Signature _____

Date _____