

## CHAPTER 2A

### DEATH RECORDS

#### Authority

N.J.S.A. 26:8-23.

#### Source and Effective Date

R.1993 d.667, effective December 20, 1993.  
See: 25 N.J.R. 3115(a), 25 N.J.R. 6012(a).

#### Executive Order No. 66(1978) Expiration Date

Chapter 2A, Death Records, expires on December 20, 1998.

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#### SUBCHAPTER 1. ACCESS TO DEATH RECORDS

##### 8:2A-1.1 Definitions

The following words and terms, as used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Commissioner" means the State Commissioner of Health.

"Department" means the New Jersey State Department of Health.

"Informant" means the name of the individual providing the personal particulars for the preparation of the birth certificate.

"State Registrar" means the New Jersey State Registrar of Vital Statistics.

##### 8:2A-1.2 Access to death records

(a) The State Registrar or other custodian of vital records shall supply, upon request of any applicant, a certified copy of any death record, provided the required statutory search fee is submitted, except where such fee is excluded by statute or regulation.

1. The certification or certified copy shall include, at a minimum, the name of the decedent, place of death (county, city), date of death, sex, date of birth, and date of issuance, providing this information is available.

2. The certification may include other information; however, the last sickness and death particulars (cause of death and medical particulars) will only be included on the certification or certified copy of the death record if the applicant completes a certification containing the information set forth in Appendix A, incorporated herein by reference, that he or she is related to the decedent as follows:

- i. Executor, administrator of the estate, or authorized representative of the deceased person;
- ii. Surviving spouse or caretaking partner;
- iii. If there is no spouse or caretaking partner, then by another authorized member of the family;
- iv. A parent, guardian, or other individual authorized under State law to act in a minor's behalf; or
- v. The Commissioner, at his or her discretion, in the event that a deceased person has neither an authorized representative nor next of kin as defined above in (a)2i through iv above.

3. Any of the relatives to the decedent in (a)2i through v above may consent to the release, to a third party, of a death certificate containing cause of death and medical particulars. Such consent must also be provided in the form of a certification similar to that as set forth in Appendix A.

4. Any certified copy of a death certificate, with or without last sickness and death particulars, may be released without consent under the following conditions:

- i. To qualified personnel for the purpose of conducting scientific research, but a record shall be released for research only following review of the research protocol by an Institutional Review Board constituted pursuant to Federal regulation 45 C.F.R. 46.101 et seq. The person who is the subject of the record shall not be identified, directly or indirectly, in any report of the research, and research personnel shall not disclose the person's identity in any manner;
- ii. To qualified personnel for the purpose of conducting management audits, financial audits or program evaluation, but the personnel shall not identify, directly or indirectly, the person who is the subject of the record in a report of an audit or evaluation, or otherwise disclose the person's identity in any manner. Identifying information shall not be released to the personnel unless it is vital to the audit or evaluation;
- iii. To the Department as required by State or Federal law; or
- iv. As permitted by rules adopted by the Commissioner for the purposes of disease prevention and control.

(b) The State Registrar or other custodian of vital records shall not permit physical inspection and/or access to the full death record nor shall he or she disclose information, copy or issue the full record unless he or she is satisfied that the applicant is authorized to obtain a full copy of such record, as listed in (a)2, 3 and 4 above.

**APPENDIX A**

## Certification

Date: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_,  
(Applicant) (Relationship)  
to decedent, hereby authorize the issuance of a certification of the death record of \_\_\_\_\_,  
disclosing the cause of death section. I certify that the above information, supplied by me, is true. I am aware that I am subject to punishment if I have falsely supplied the above information.

\_\_\_\_\_  
Signature