

LUNATIC ASYLUM REPORT
FORM OF CERTIFICATE OF INSANITY

I, A. B. physician of the township of _____ in the county of _____ do hereby certify that I have examined into or am acquainted with the state of health and mental condition of C. D. of the township of _____ in the county of _____ and that he is in my opinion, insane, and a fit subject to be committed to the _____

A. B.
[The law requiring the certificate of two physicians under oath was repealed by supplement of March 1, 1850.]

ADMISSION OF PATIENTS.

PRIVATE PATIENTS,*

Or those supported by themselves or their friends, are admitted to the asylum when there are vacancies, on their complying with the directions and forms contained in chapters nineteen, twenty, twenty-one and twenty-two, of the by-laws of the institution which are in substance as follows:

That patients of all classes be made perfectly clean and free from any contagious or infectious disease; that they be provided with suitable clothing, and sufficient in quantity for one or more changes; that a written history of patients be sent with them, or that they be accompanied by a person capable of giving such information; that a "request for their admission" be made by some friend; that a "certificate of insanity," by one respectable physician, be brought with the patient; and lastly, that a bond, with satisfactory sureties, be given for the payment of their expenses, such payment being made quarterly in advance, and for their removal when discharged.

The forms of "request for admission," "certificate of insanity," and "bond for support," &c., are as follows:

FORM OF REQUEST.

To the Superintendent of the N. J. State Lunatic Asylum:

The undersigned, of the township of _____, in the county of _____, is desirous of placing in the State Lunatic Asylum at Trenton, and hereby requests the admission therein of _____, a resident of the township of _____, in the county of _____, who is aged _____ years, and has been [here state what the occupation, profession or business of the person has been]. He (or she) is a native of _____ in the state of _____, and is [here state what the relationship or circumstances of connection may be] of the undersigned.

[Then should follow a written history of the case, stating the alleged cause of insanity, when it commenced, and all the particulars of the case.]

Dated _____, 18 .

*Application for admission of patients, if made by letter, should be addressed to the Superintendent.

LUNATIC ASYLUM REPORT.

FORM OF CERTIFICATE OF INSANITY.

I, A B, physician of the township of _____, in the county of _____, do certify that I have examined into, or am acquainted with the state of health and mental condition of C D. of the township of _____, in the county of _____, and that he is, in my opinion, insane, and a fit subject to be sent to the State Lunatic Asylum.

Signed,

A B.

Dated _____, 18 .

[The law requiring the certificates of two physicians, under oath, was repealed by supplement of March 1, 1850.]

FORM OF BOND.

Know all men by these presents, that we _____, of the township of _____, in the county of _____, are held and firmly bound unto _____, treasurer of the New Jersey State Lunatic Asylum, and his successors in office, in the sum of five hundred dollars, for the payment of which we jointly and severally bind ourselves firmly by these presents.

Sealed with our seals, and dated this _____ day of _____, 18 .

Whereas _____, of the township of _____, in the county of _____, a lunatic, has been admitted a boarder in the New Jersey State Lunatic Asylum at Trenton: Now, therefore, the condition of this obligation is, that if the said obligators shall pay to the said treasurer, or his successors in office, the sum of _____ dollars and _____ cents per week, for the board of said lunatic, so long as _____ shall continue a boarder in said Asylum, with such extra charges as may be occasioned by _____ requiring more than ordinary care and attention, and shall provide for _____ suitable clothing, and pay for all such necessary articles of clothing as shall be procured for _____ by the steward of the asylum, and shall remove _____ from the asylum whenever the room occupied by _____ shall be required for a class of patients having preference by law, or in the opinion of the superintendent, to be received into said asylum; and if _____ should be removed at the request of _____ before the expiration of six calendar months after reception, then if such obligators shall pay board for twenty-six weeks, unless _____ should sooner be cured, and if they shall also pay, not exceeding fifty dollars for all damages _____ may do to the furniture or other property of the asylum, and for reasonable charges in case of death; such payment for board and clothing to be made quarterly, in advance, from date of admission, and at the time of removal, with interest on each bill, from and after the time it becomes due, then this obligation to be void, otherwise to remain in force.

Signed and sealed in presence of,

FORM OF ORDER, ETC., FOR JUDGES.

I, A B, one of the judges of the court of common pleas, of the county of _____ and State of New Jersey, do hereby report, that application has been made to me in behalf of C D, a resident of the township of _____ in said county, alleged to be insane (and in indigent circumstances, or a pauper, as the case may be), and that pursuant to the act of the legislature in such case made and provided, I have called before me Dr. _____, a respectable physician, and other credible witnesses, to wit (state their names), and having examined them, and fully investigated the case, and not deeming it necessary to call a jury, I do hereby decide and certify that satisfactory proof has been adduced before me, showing the said C D to be an insane person, and that _____ has not sufficient estate or means to support _____ under said visitation of insanity.

Given under my hand at _____, in the county and State aforesaid, this _____ day of _____, in the year of our Lord, one thousand eight hundred and _____.

A. B.

_____ county, ss.—I, A B, being duly sworn according to law, do certify and declare that I have examined into the state of health and mental condition of C D, of the township of _____, of said county of _____, and that I am of opinion that _____ is insane.

A B, *Physician.*

Sworn and subscribed before me, this _____ day of _____, A. D. 18—.

A B, *Judge, &c.*

Endorse on certificate—"Approved"—A B and C D, chosen freeholders of the township of _____, and county of _____.

STATE OF NEW JERSEY, }
_____ county. }

I, A B, clerk of the county of _____, do hereby certify that the foregoing is a true copy of the report and certificate of _____, one of the judges of the court of common pleas of said county, in the case of _____, and also of the certificate of Dr. _____, thereto appended, as filed in my office, that the foregoing is a true copy of the endorsement thereon, and that A B and C D, whose names are signed to the said endorsement of approval, are members of the board of chosen freeholders of said township, in said county, and that said signatures are in their proper handwriting.

In witness whereof, I have hereunto set my hand and seal of office, at _____, this _____ day of _____ A. D. 18—.

[L. s.]

A B, *Clerk.*



