

TOWNSHIP OF WEEHAWKEN
VITAL STATISTICS
GEORGE KALLERT, CMR-REGISTRAR
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*CONSENT FOR DISCLOSURE OF CONFIDENTIAL RECORD REQUIRED
BY N.J.S.A. 26:5C-12

TO: THE REGISTRAR OF VITAL STATISTICS OF WEEHAWKEN

THIS IS TO CERTIFY THAT I AM

THE _____ OF
(relationship to deceased)

_____ WHO DIED
(name of deceased)

IN _____ (Municipality)

ON _____ (Date of death)

I am qualified to give consent for complete disclosure of the Death as provided by N. J. S. 26C-12 and hereby request the registrar of Vital Statistics to issue said death certificate showing all information.

Sworn to and subscribed before me

This day of _____ , _____
(month, day) (year)

X _____
(Signature of Requesting Person)

X _____
(Notary Public of New Jersey)

Chapter 2 Death Certificates

Sub Chapter 1.

Access to Death Certificates provides that consent is required for disclosure of the complete record of a deceased person. This consent may be giving by any of the following:

1. An executor or administrator of the estate.
2. Authorized representative of the deceased person.
3. Deceased person's spouse.
4. Deceased person's primary caretaking partner.
5. If neither 3 or 4 above, another member of the deceased person's family.

(Family member is defined as follows:

A parent, guardian, brother, sister,
grandparents, and grandchildren of legal age.
Or other individual authorized under state law
to act on behalf of a minor.)

Registrar,

George Kallert
Vital Statistics