

**Township of Marlboro
1979 Township Drive
Marlboro, New Jersey 07746**

(732)536-0200

Fax:(732) 536-9652

DEATH CERTIFICATE CERTIFICATION

Date: _____

I, _____, _____ to decedent, hereby
(Applicant) (Relationship)

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