New Jersey Department of Health

**Office of Vital Statistics and Registry**

**P. O. Box 370**

**Trenton, NJ 08625-0370**

### QUARTERLY REPORT OF NON-EDRS BURIAL PERMITS ISSUED

**NOTICE TO REGISTRAR:**

The form below is to be used when forwarding Fees for Non-EDRS Burial Permits to the New Jersey Department of Health, Office of Vital Statistics and Registry, in accordance with P.L.2007, c.98 and R.S.26:6-17.

**INSTRUCTIONS:**

1. Fill in your 5-digit Vital Statistics code (V-code).

2. Enter the Period Ending Date. On the right side of the form, select the appropriate quarterly period to correspond to the Period Ending Date.

3. Enter the number of Non-EDRS Burial Permits issued for the quarter.

4. Multiply the number of Non-EDRS Burial Permits issued from Line 3 by the appropriate fee (currently $5.00). Enter the total amount due for the quarter.

5 Print the name of your municipality and county.

6. Sign and date the form.

The reports are to be completed and submitted with your payment on a quarterly basis and must be sent within the 30-day period following the end of each quarter. If no Non-EDRS Burial Permits were issued during the quarter, indicate **“NONE”** on Line 3 and fax the form to (609) 341-2007.

Registrar: Please complete all requested information.

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| 1. Vital Statistics Code (V Code) (5 digits)  |  |  |  |  |  |  | This report identifies the number of Non-EDRS Burial Permits issued for the calendar year indicated (entered into #2 on left):**[ ]  October-November-December** **[ ]  July-August-September** **[ ]  April-May-June** **[ ]  January-February-March** Make check for “Total Amount Due” payable to:“Treasurer, State of New Jersey”Mail to:**New Jersey Department of Health****Office of Vital Statistics and Registry****Burial Permit Fees****P. O. Box 370****Trenton, NJ 08625-0370** |
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| 2. Period Ending Date  |  |  | **/** |  |  | **/** | **2** | **0** |  |  |
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| 3. Number of Non-EDRS Burial Permits Issued  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | X $5.00 = |
| 4. Total Amount Due **$** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Municipality/County Name: |  |  |
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| 6. Signature/Date: |
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