

New Jersey Department of Health  
Office of Vital Statistics and Registry  
PO Box 370, Trenton, NJ 08625-0370

State File Number

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AMENDMENT TO NJ VITAL RECORD OF:  BIRTH  FETAL DEATH  REMARRIAGE  REAFFIRMATION OF CIVIL UNION  
 DEATH  MARRIAGE  CIVIL UNION  DOMESTIC PARTNERSHIP

SECTION 1 INFORMATION AS IT APPEARS ON THE CURRENT RECORD:  
**John Patrick Sheridan, Jr.**  
*Name (or Names, in the case of Marriage, Remarriage, Civil Union, Reaffirmation of Civil Union or Domestic Partnership)*

**09 / 28 / 2014** **Somerset** **Montgomery Township**  
*(Date of Event) (County of Event) (City/Municipality of Event)*

Field to be Amended	Item as Currently Recorded on Record	Item as it Should Appear
46:	Suicide	Undetermined
44:	Self inflicted injuries	Injuries of undetermined etiology

SECTION 2  
 3A. Signature *[Signature]* Printed Name **Andrew L. Falzon, MD, DABP** Date **1/13/2017**  
 Address **325 Norfolk Street, Newark, New Jersey 07103** Relationship to Individual on Vital Record **State Medical Examiner**

SECTION 3  
 3B. Signature of Witness *[Signature]* Printed Name **Kathleen Rogers** Date **1/13/2017**  
 Address **325 Norfolk Street, Newark, New Jersey 07103** Relationship to Individual on Vital Record **Medical Examiner Clerical Staff**

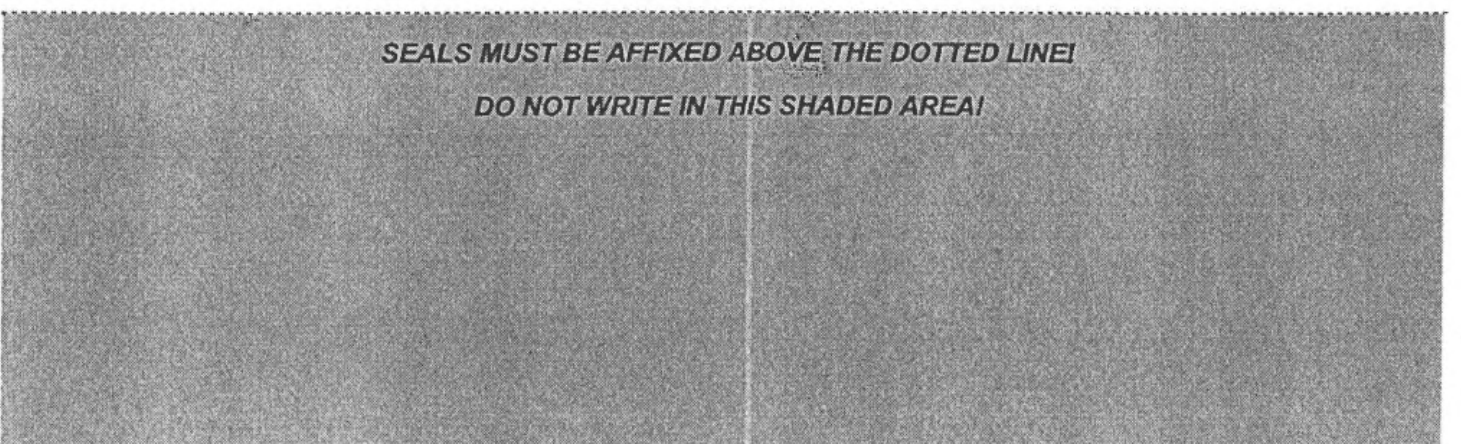
SECTION 3  
 3C. AFFIDAVIT SECTION  
 Subscribed and sworn to before me at \_\_\_\_\_  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 Signature \_\_\_\_\_ Official Title \_\_\_\_\_

SECTION 4  
 Documentation presented to establish the validity of the amended information reported in Section 2:

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

Certificate of Parentage Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Denial of Paternity Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parents Given Option to Change Child's Last Name? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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REG-34  
NOV 16



Secondary Item(s) Approval Date	Not Married at Birth <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Assume Stepparent's Surname <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Biological Parents Married After Birth <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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PENALTY FOR FALSE STATEMENT - FIVE HUNDRED DOLLARS (\$500.00)  
TYPE OR WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.