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New Jersey Department of Health and Senior Services
 1001010010, P.O. Box 357, Trenton, N.J. 08646-0357
 Bureau of Vital Statistics, Division of Health Records Administration

SECTION 1

Check one: Birth Marriage Death

Month / Day / Year: 10 / 20 / 08 City or Township: County:

SECTION 2

Sex: [] Male [] Female	As soon as possible	As soon as possible
	Final	Final

SECTION 3

Deceased Name: *Frederick J. Dilabatt* SSN: *1-27-288* Date of Birth: *10/20/08*

Spouse Name: *Paulette Mariani* SSN: *1-27-205*

Address: 1483 Livingston Ave, Building #100, North Brunswick, NJ 08902

Address: 1483 Livingston Ave, Building #100, North Brunswick, NJ 08902

How Do You Know Facts Relating to Cause? *Autopsy, histology and pathology*

SECTION 4

Signature: _____ Date: FEB 10 2008

Register Must Indicate City, Type of Death and how, the Date, County, State and its Abbreviation.

SEE ATTACHMENT

ISSUED BY: February 21, 2008
State Department of Health and Senior Services
Bureau of Vital Statistics

It is to certify that the above is correctly
taken from a record on file in my office.

This copy not valid unless the raised
seal of the State of New Jersey,
the seal of the issuing municipality
or county, is affixed heron.

Joseph A. Komoroski
Joseph A. Komoroski, Guide Registrar
Bureau of Vital Statistics

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JULY 04

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