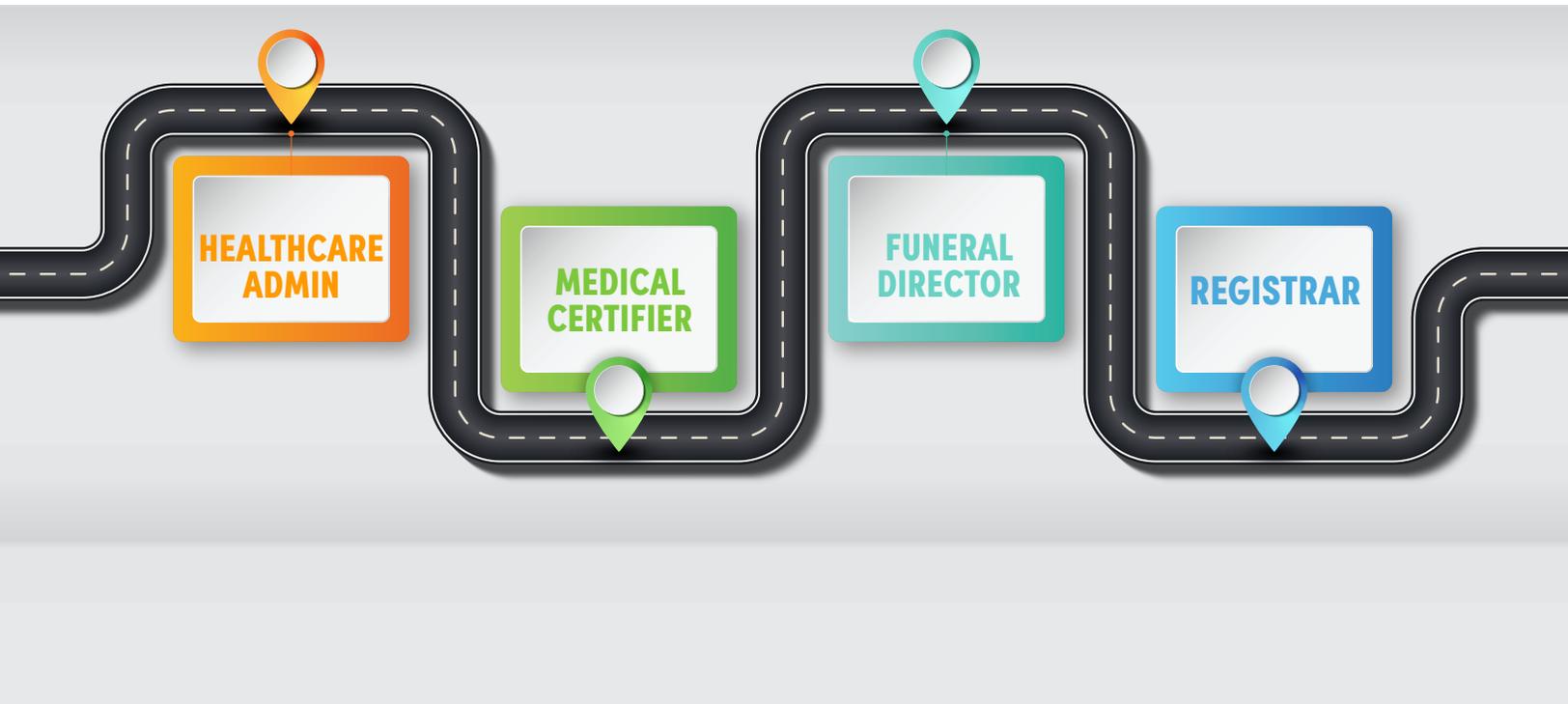


VERI-NJ

FETAL DEATH GUIDEBOOK

2026



New Jersey State
Funeral Directors
Association, Inc.

New Jersey Law Pertaining to Certifying a Fetal Death

New Jersey law as it pertains to fetal death specifies that a burial or removal permit shall be required for every fetal death provided that 20 or more weeks of gestation have elapsed before delivery. Meaning, that if a woman is more than 20 weeks into her pregnancy at the time of fetal death, a death certificate must be filed.

Occasionally, families may request burial or cremation of the fetus prior to the 20 week mark. Fetal deaths that occur prior to 20 weeks of gestation may still have a death certificate and/or burial permit filed at the family's request, but it is not required by law. These filings however, will not count toward any statistical recording of this adverse delivery.

Section 26:6-11 - Certificate of Fetal Death

A certificate of fetal death containing such items as shall be listed on fetal death certificate forms provided or approved by the department under the authority of subsection c. of R.S. 26:8-24, and a burial or removal permit, shall be required for every fetal death; provided that 20 or more weeks of gestation have elapsed before the delivery.

No midwife shall sign a certificate for a fetal death; but any fetal death occurring without attendance of a physician or an advanced practice nurse shall be treated as a death without medical attendance, as provided in R.S. 26:6-9.

The department shall take appropriate action to ensure that any certificate of fetal death required by this section is prepared in accordance with, and contains information that satisfies, the provisions of P.L. 2013, c. 217(C.26:8-40.27 et seq.), designated as the "Autumn Joy Stillbirth Research and Dignity Act," and the current federal standards for fetal death certification and fetal death reporting, as adopted, amended, and supplemented by the federal Centers for Disease Control and Prevention.

STOP 1: HEALTHCARE CLERK/ADMIN

STEP 1: The first step for registering a fetal death always begins with a clerk or admin role.

The clerk will sign into VERI-NJ by selecting from the drop down the facility, or facility group, where the fetal death occurred, or the office in which the patient was being treated for their pregnancy/complications.

To enter the selected facility, click on the facility’s name under the green “Fetal Death Registration System” bar.

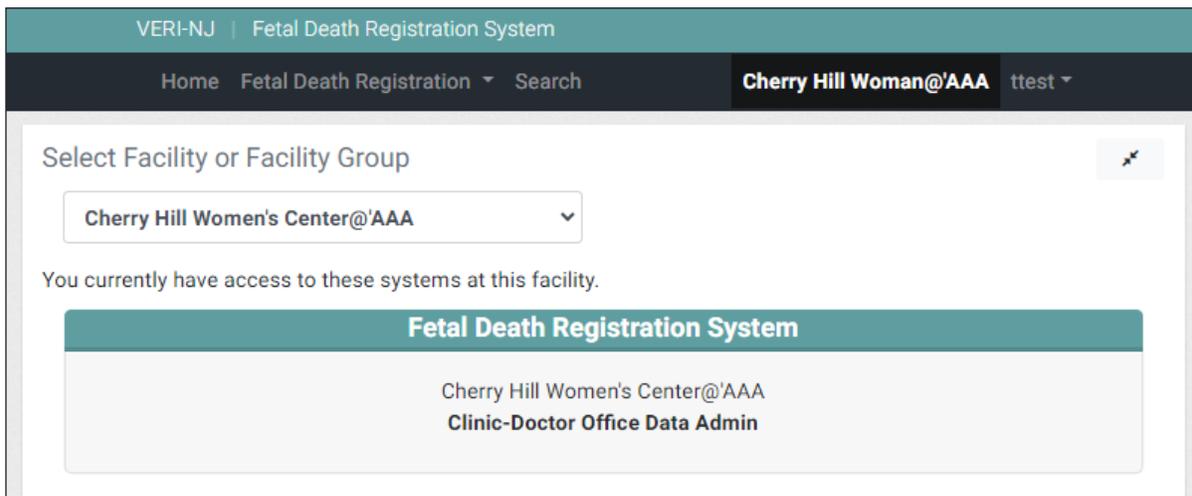


Image 1: Selection screen for a clinic/doctor’s office data admin user. This role is typically for a clerical person within their office or a nurse (non-certifying personnel).

STEP 2: To begin a new record, click “Start a Fetal Death Registration” as seen on the bottom center of Image 2.

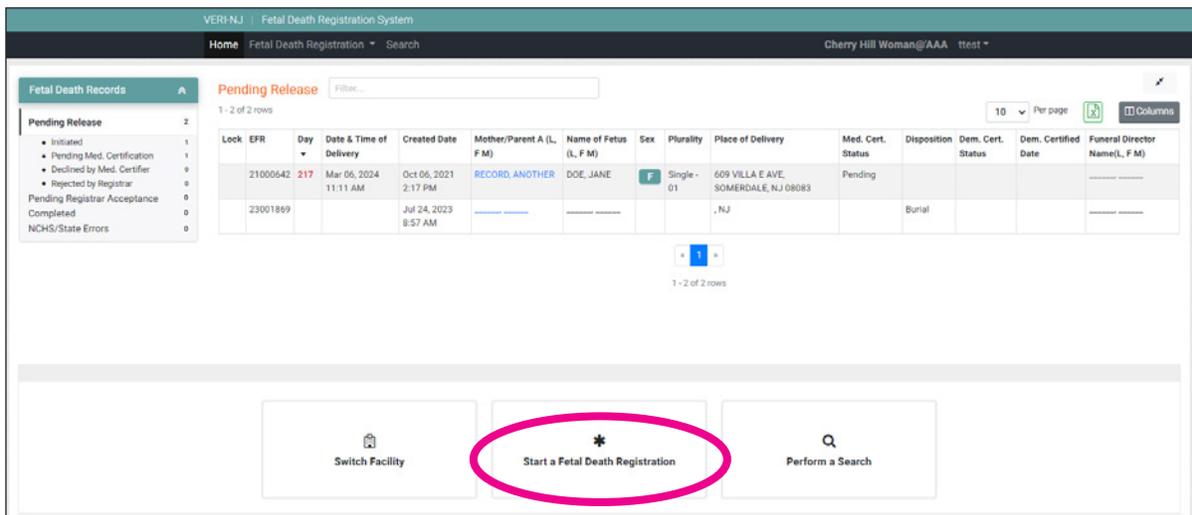


Image 2: Pending Release Cases

STEP 3: The record type will auto populate with your correct role based on how you are registered with VERI-NJ. As such, the clerk/admin will select “clinic/doctor’s office/urgent care”.

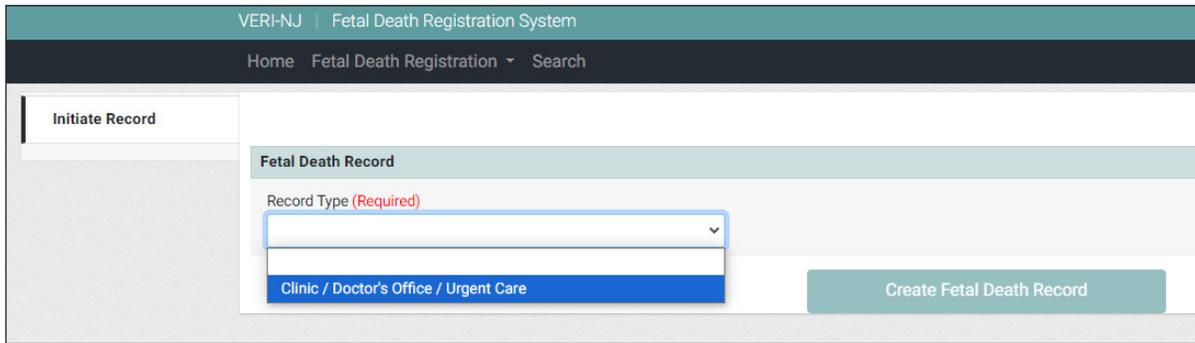


Image 3: Initiate Record Screen

STEP 4: The clerk/admin will fill in the routine pregnancy questions, including the mother’s name and date of birth. Ensure that this information is accurate because cases can be searched by the mother’s name later on.

Then, select “Create Fetal Death Record”.

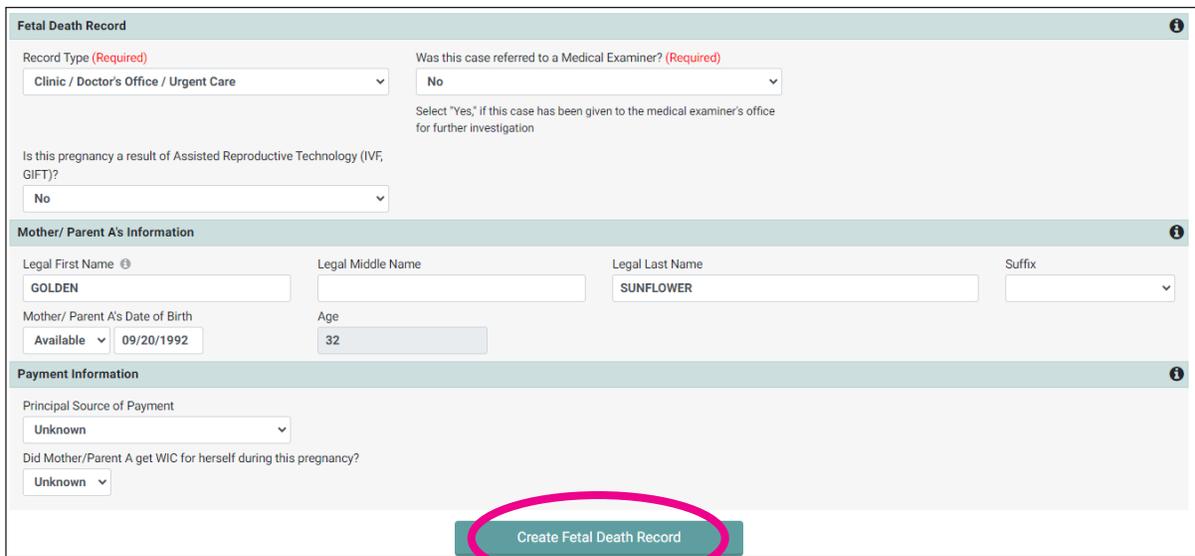


Image 4: Create Fetal Death Record Screen

STEP 5: Pregnancy History

Once you have initiated the new fetal death record, the navigation pane will appear on the left side of your screen. These steps do not have to be completed in order, but doing so will ensure that all of the necessary fields have been completed before passing the case off to the next handler.

13 incomplete sections to Complete Record

Summary
 0 Notes, 0 Attachments
 Initiate Record

- Prenatal History
- Prenatal Risks
- Prenatal Labs
- Prenatal Exposure
- Labor & Delivery
- Maternal PPD
- Mother/ Parent A
- Father/ Parent B
- Fetus
- Fetal Diagnoses
- Medical Certification
- Cause of Fetal Death
- Disposition

New Fetal Death Record - Initiated EFR: 24007729 Child's DOD: Day: Assigned to: Cherry Hill Women's Center@AAA
 C A GOLDEN SUNFLOWER B

Prenatal History

Pregnancy History

Is this Mother's first pregnancy?

Prenatal Care Info for this Pregnancy

Last Normal Menses Began (LMP)
 Date MM/DD/YYYY

Total Number of Prenatal Care Visits (Enter 0 if mother did not receive prenatal care)

Did this current pregnancy result from Fertility enhancing drugs, artificial insemination, or Intrauterine insemination?

- Fertility enhancing drugs taken by Mother / Parent A
- Fertility enhancing drugs taken by Father / Parent B
- Insemination
- None of the above
- Unknown

Physical Assessments

Mother's Height Available Feet Inches

Pre-Pregnancy Weight (Pounds) Available Weight Pre-Pregnancy Body Mass Index (BMI)

Weight at Delivery (Pounds) Available Weight

← →

Image 5: Pregnancy history, prenatal care and physical assessments

Prenatal History

Pregnancy History

Is this Mother's first pregnancy?

Yes
 No
 Not Available

Image 6: Prenatal History

New Fetal Death Record - Initiated EFR: 24007729 Child's DOD: Day: Assigned to: Cherry Hill Women's Center@AAA
 C A GOLDEN SUNFLOWER B

Prenatal History

Pregnancy History

Is this Mother's first pregnancy?
 No

1. Previous Live Births (Prior to this Pregnancy)

1a. Out of all live births prior to this pregnancy, how many children are

Number Now Living	Number Now Deceased	Total Births	1b. How many of those live births prior to this pregnancy were cesarean deliveries? Number Previous Cesarean Deliveries
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1c. Were any of those Preterm live births (less than 37 weeks)?

1d. Last Live Birth

2. Previous Other Pregnancy Outcomes (Prior to this Pregnancy)

2a. Total Number (e.g. Spontaneous losses, Induced terminations, Fetal deaths or Ectopic pregnancies of any gestational age)
 Do not include live births with this count

Image 7: Pregnancy History

Prenatal Care Info for this Pregnancy

Last Normal Menses Began (LMP)
 Date 07/23/2024

Total Number of Prenatal Care Visits (Enter 0 if mother did not receive prenatal care)

Was Prenatal Record Available?

First Prenatal Care Visit
 Date 09/05/2024

PRA ID (Perinatal Risk Assessment) --or-- FHI ID (Family Health Initiative)

Last Prenatal Care Visit
 Date 10/08/2024

Did this current pregnancy result from Fertility enhancing drugs, artificial insemination, or Intrauterine insemination?

- Fertility enhancing drugs taken by Mother / Parent A
- Fertility enhancing drugs taken by Father / Parent B
- Insemination
- None of the above
- Unknown

Physical Assessments

Mother's Height Available	Feet 5	Inches 4
Pre-Pregnancy Weight (Pounds) Available	Weight 138	Pre-Pregnancy Body Mass Index (BMI) 23.7
	<input type="checkbox"/> Verified	
	Mother gained 15 lbs. or less during pregnancy. Rectify if incorrect or select Verified.	
Weight at Delivery (Pounds) Available	Weight 141	
	<input type="checkbox"/> Verified	
	Mother gained 15 lbs. or less during pregnancy. Rectify if incorrect or select Verified.	

Image 8: Physical Assessments

In the physical assessments section of this screen, if you input atypical responses to fields such as height and weight (which is likely with a fetal death), the system will require you to verify that those answers are in fact correct (see **Image 8**).

Once you have verified any atypical responses you can select the “save” button and move on to prenatal risks section.

The screenshot shows a 'Physical Assessments' form with the following fields and values:

- Mother's Height: Available (dropdown)
- Feet: 5 (dropdown)
- Inches: 4 (dropdown)
- Pre-Pregnancy Weight (Pounds): Available (dropdown)
- Weight: 138 (text input)
- Pre-Pregnancy Body Mass Index (BMI): 23.7 (text input)
- Weight at Delivery (Pounds): Available (dropdown)
- Weight: 141 (text input)

Verification checkboxes are checked for both the Pre-Pregnancy Weight and Weight at Delivery fields. A green 'Save' button is circled in pink at the bottom right of the form.

Image 9: Atypical Response Verification

Step 6: Pregnancy Risks

Next, you will be asked to select any and all medical risk factors the mother may have had during the pregnancy. If there are none, or if the information is unknown, you must select either “None of the above” or “unknown” to proceed.

The screenshot shows the 'Prenatal Risks' section of a form. On the left is a sidebar with navigation options: Summary, 0 Notes, 0 Attachments, Initiate Record, Prenatal History, Prenatal Risks (selected), Prenatal Labs, Prenatal Exposure, Labor & Delivery, Maternal PPD, Mother/ Parent A, Father/ Parent B, Fetus, Fetal Diagnoses, Medical Certification, Cause of Fetal Death, and Disposition.

The main content area is titled 'Prenatal Risks' and contains two sections:

- Maternal Risk Factors during this pregnancy**: Select medical risk factors of mother during this pregnancy. The list includes: Anemia (Hematocrit under 30%), Blood Dyscrasia, Cardiac Disease (Heart condition), Cystic Fibrosis, Diabetes, Depression, Family History of Childhood Hearing Loss, Hypertension, Lupus, Mental Illness, Neurologic Conditions, Obesity, Phlebitis/Deep vein thrombosis (DVT), Renal Disease, Sickle cell disease, Sickle cell trait, Trauma, Uterine abnormality, None of the above, and Unknown.
- Maternal Infections present and/or treated during this pregnancy**: Select infections mother had or was treated for during this pregnancy. The list includes: Active Herpes, Chlamydia, Cytomegalovirus (CMV), Gonorrhea, Hepatitis - A, Hepatitis - B, Hepatitis - C, Human Papillomavirus (HPV), Influenza, Listeria, Lyme Disease, Malaria, Parvovirus, Rubella, Group B Streptococcus (GBS+), Syphilis, Toxoplasmosis, Tuberculosis, Varicella Zoster Virus (VZV or Chicken Pox), West Nile Virus, Zika Virus, None of the above, and Unknown.

Image 10: Prenatal Risks

You will next select if any of the following medications or prenatal vitamins were taken during the mother’s pregnancy. If any medications are checked, you may be prompted for more information.

Medications taken by Mother/Parent A

Medications taken by Mother/ Parent A

- Asthma Medications
- Chemotherapeutic drugs
- Depression Medications
- Epilepsy/Seizures Medications
- Hepatitis C Medications
- Thyroid Medications
- Mental Illness Medications
- None of the above
- Unknown

Prenatal Vitamins taken during this pregnancy

When did mother take prenatal vitamins?

- Pre-Pregnancy
- First Trimester
- None of the above
- Unknown

← **Save** →

Image 11: Prenatal Medications

Lab results are requested next. A selection is required in this field which has options for both “unknown” and “not obtained”.

Prenatal Labs & Procedures

Lab Results

Hepatitis B Surface Antigen (HBSAg)

Most Current HBSAg Test

Date

Date

Month & Year

Unknown

Not Obtained

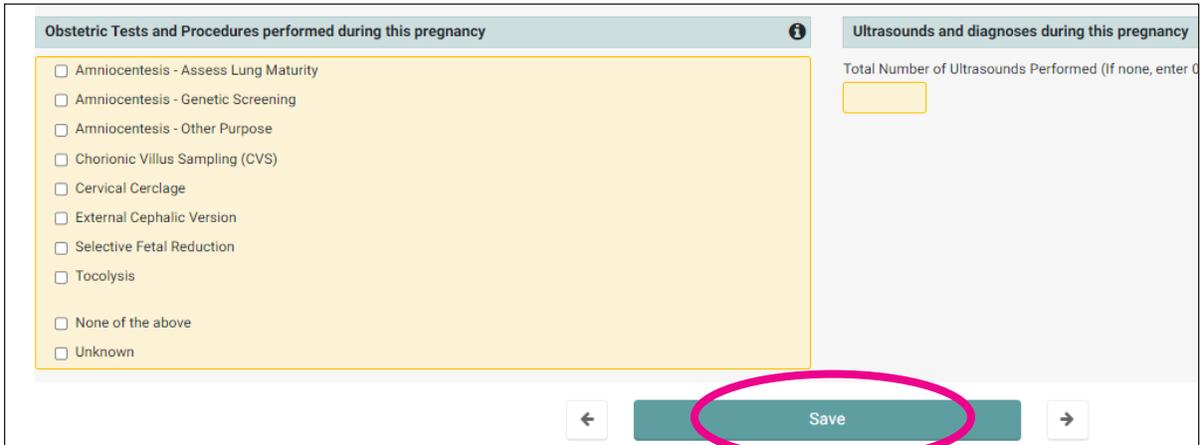
HBSAg Result

Syphilis Serology Result

Was mother known HIV positive entering prenatal care?

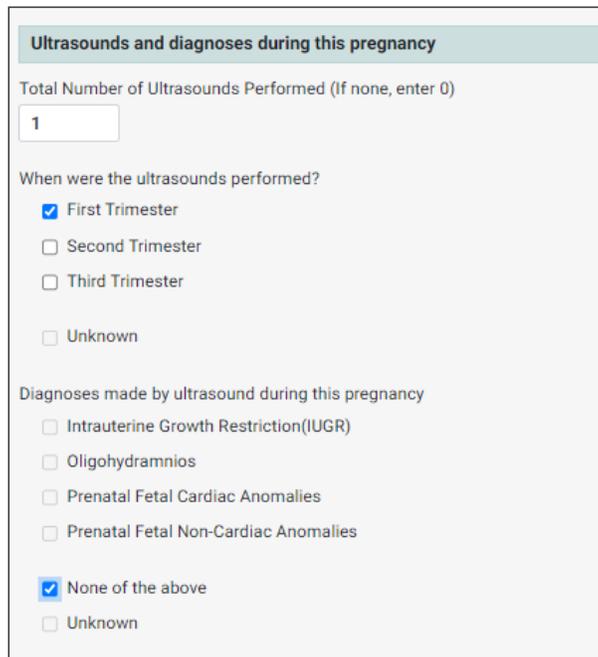
Image 12: Prenatal Labs and Procedures

You will then select any obstetric tests that were performed during the pregnancy and the total number of ultrasounds performed. This is a required field, so if no ultrasounds were performed a “0” should be entered into the field.



The screenshot shows a form with two main sections. The left section, titled "Obstetric Tests and Procedures performed during this pregnancy", contains a list of checkboxes for various tests: Amniocentesis - Assess Lung Maturity, Amniocentesis - Genetic Screening, Amniocentesis - Other Purpose, Chorionic Villus Sampling (CVS), Cervical Cerclage, External Cephalic Version, Selective Fetal Reduction, Tocolysis, None of the above, and Unknown. The right section, titled "Ultrasounds and diagnoses during this pregnancy", has a text input field for "Total Number of Ultrasounds Performed (If none, enter 0)". At the bottom center, a green "Save" button is circled in pink, flanked by left and right navigation arrows.

Image 13: Obstetric Tests



The screenshot shows a form titled "Ultrasounds and diagnoses during this pregnancy". It includes a text input field for "Total Number of Ultrasounds Performed (If none, enter 0)" with the value "1". Below this is a section "When were the ultrasounds performed?" with radio buttons for "First Trimester" (selected), "Second Trimester", "Third Trimester", and "Unknown". The final section is "Diagnoses made by ultrasound during this pregnancy" with radio buttons for "Intrauterine Growth Restriction(IUGR)", "Oligohydramnios", "Prenatal Fetal Cardiac Anomalies", "Prenatal Fetal Non-Cardiac Anomalies", "None of the above" (selected), and "Unknown".

Image 14: Ultrasounds Performed

STEP 7: Prenatal Exposure

The next step takes you through any prenatal exposure that the mother may have had during the pregnancy including tobacco use, alcohol and drug use, and environmental exposures. No additional pop-ups or fields will appear requesting more information on these selections.

Prenatal Exposure	
Tobacco use before and during pregnancy	
For each selected time period enter the average number of cigarettes smoked per day.	
<input type="checkbox"/> Three Months Before Pregnancy	Cigarettes Per Day (1 to 98)
<input type="checkbox"/> First Trimester of Pregnancy	<input type="text"/>
<input type="checkbox"/> Second Trimester of Pregnancy	<input type="text"/>
<input type="checkbox"/> Third Trimester of Pregnancy	<input type="text"/>
<input type="checkbox"/> None of the above	
<input type="checkbox"/> Unknown	
Alcohol & Drugs use during this pregnancy	Environmental Exposure
Did the Mother/ Parent A use any of the following during this pregnancy?	Did the Mother/ Parent A have any of the following environmental exposures?
Select and enter frequency of use	
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Lead (Home Built Before 1978)
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Viral (Birds or Cats in Home)
<input type="checkbox"/> Heroin or Other Opioids	<input type="checkbox"/> Tobacco (2nd or Third Hand Smoke)
<input type="checkbox"/> Hallucinogens	<input type="checkbox"/> Homelessness
<input type="checkbox"/> Inhalants	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Marijuana	<input type="checkbox"/> None of the above
<input type="checkbox"/> Other Non-Opioid Prescription Drugs	<input type="checkbox"/> Unknown
<input type="checkbox"/> None of the above	
<input type="checkbox"/> Unknown	

Image 15: Prenatal Exposures

STEP 8: Labor and Delivery

Labor and delivery details are next. Delivery type will be the first question asked. The drop down for delivery type (see **Image 16**) will depend on the type of facility that is completing this record. Vaginal could be the option for a clinic, but a cesarean would only be available as an option at a hospital.

At the bottom of **Image 16** there is a section for “Planned or Scheduled termination”.

For pregnancies under 20 weeks gestation, you would select “No”.

For pregnancies over 20 weeks gestation, you would select “Yes – Fetus not alive at time of termination”.

Labor & Delivery

Labor

Delivery Type
 Vaginal

Antibiotics received by mother during labor
 Epidural or Spinal Anesthesia during labor
 Steroids (Glucocorticoids) for Fetal Lung Maturation received by the mother

Premature Rupture Of Membranes - PROM (greater than or equal to 12 hours before labor begins)
 Induction of Labor
 Augmentation of Labor
 Precipitous Labor (less than 3 hours)
 Arrested Progress, 0 - 4cm
 Arrested Progress, 5 -10cm
 Arrested Progress, 2nd Stage
 Prolonged Labor (greater than or equal to 20 hours)
 None of the above

Method of Delivery Details

Was delivery with forceps attempted?
 [Dropdown]

Was delivery with vacuum extraction attempted?
 [Dropdown]

Fetal Presentation at birth
 [Dropdown]

Final route and Method of delivery
 [Dropdown]

Maternal Blood Loss - (During delivery & Up to 24 hours after)
 [Text] cc

Excessive Blood Loss
 [Dropdown]

Was Hysterotomy or Hysterectomy performed?
 [Dropdown]

Planned or Scheduled Termination?
 [Dropdown]

Image 16: Labor and delivery

Method of Delivery Details

Was delivery with forceps attempted?
 Not Attempted

Was delivery with vacuum extraction attempted?
 Not Attempted

Fetal Presentation at birth
 Unknown

Final route and Method of delivery
 Vaginal / Spontaneous

Maternal Blood Loss - (During delivery & Up to 24 hours after)
 0 cc

Excessive Blood Loss
 No

Was Hysterotomy or Hysterectomy performed?
 No

Planned or Scheduled Termination?
 [Dropdown menu open showing:
 No
 Yes - Fetus Not Alive at time of termination
 Yes - Fetus Alive at time of termination

Delivery Details

Obstetric Estimate of Gestation
 Available

Completed Weeks
 [Text]

Image 17: Planned or Scheduled Termination

Remember:

Fetus alive at time of termination – Regardless of gestation, this is considered an induced termination and is **not** included in state numbers for any statistical reporting.

Fetus not alive at time of termination – This is a removal of remains following a spontaneous loss and **may or may not** be considered a reportable fetal demise depending on gestation (20 weeks or greater).

The delivery details section will notify you if the completed weeks and days of gestation is less than 20 weeks and will require you to verify this information before proceeding (Image 18).

The screenshot shows the 'Delivery Details' form. The 'Obstetric Estimate of Gestation' is set to 'Available'. 'Completed Weeks' is '17' and 'Days' is '2'. A red warning box states: 'Obstetric Estimate of Gestation is less than 20 weeks. Rectify if incorrect or select Verified.' The 'Verified' checkbox is unchecked. Other fields include: Date of Fetal Delivery (10/09/2024), Time of Fetal Delivery (03:28 AM), Sex of Fetus (Male), Plurality (Single), Order of Delivery (First), Number of fetal deaths (One), and Weight of Fetus (410 In Grams, 0 lb 14 oz).

Image 18: Delivery Details

This screenshot shows the same 'Delivery Details' form as Image 18, but the 'Verified' checkbox is now checked, indicating that the user has confirmed the gestation information.

Image 19: Gestation Verification

The screenshot shows the 'Fetal Characteristics at Delivery' form. It contains a list of checkboxes for various conditions such as Cord Complication, Cord Prolapse, Clinical Chorioamnionitis, Fetal Intolerance of labor, FH Pattern, Meconium Staining, Placenta Abruption, Placenta Accreta, Placenta Previa, Shoulder Dystocia, Tachysystole, and Unknown. A corresponding 'Maternal Characteristics at Delivery' section is also visible. At the bottom, a 'Save' button is highlighted with a red circle.

Image 20: Fetal Characteristics

After completing the fetal characteristics at delivery, click “save” to continue on to the next section.

Step 9: Maternal Postpartum Depression Screening

Complete the fields as they relate to the screening of postpartum depression in the mother, then click “save” to continue.

Maternal PPD

Maternal Postpartum Depression Screening (PPD)

Was mother screened for Postpartum Depression (PPD)?

Reason

Was in-house consultation provided due to high PPD score?

Based on PPD results, did you provide specific referral information?

Maternal Morbidity

- Admission to intensive care unit
- Maternal transfusion
- Ruptured uterus
- Third or fourth degree perineal laceration
- Unplanned hysterectomy
- Unplanned operating room procedure following delivery
- None of the above
- Unknown

Maternal Discharge

Mother's Discharge Status

Discharge Date

Image 21: Maternal PPD

Step 10: Fetal Death Record

The fetal death record has now been created, and you can begin filling out the appropriate fields that apply to the fetal death.

New Fetal Death Record - Initiated EFR: 24007729 Child's DOD: 10/09/2024 3:28 AM Day: 1 Assigned to: Cherry Hill Womens Center@AAA

Fetal Diagnoses & Congenital Anomalies

Conditions Affecting the Head

- Anencephaly
- Head Trauma
- Physical finding associated with Hearing Loss
- Microcephaly

Congenital Malformation of the Face

- Cleft lip with or without cleft palate
- Cleft palate alone
- Craniofacial anomalies

Errors in Fetal Development

- Cyanotic Congenital Heart Disease
- Congenital Diaphragmatic Hernia
- Down Syndrome
- Gastroschisis
- Hypospadias
- Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- Meningocele/Spina bifida
- Omphalocele
- Suspected Chromosomal Disorder
- Syndromes associated with Hearing Loss

Newborn Diseases of Central Nervous System (CNS)

- CNS Hemorrhage Type
- Intraventricular Hemorrhage Grade
- HIE (Hypoxic Ischemic Encephalopathy)
- Meconium Aspiration Syndrome
- Neurodegenerative Disorders
- Neuromuscular Disorder
- Perinatal HIV Exposure
- RDS/HMD
- Stage III Necrotizing Enterocolitis
- Seizure or serious neurologic dysfunction

Related to Maternal Substance Use

- Fetal Alcohol Syndrome
- Neonatal Abstinence Syndrome (NAS)

Trauma

- Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)
- None of the above diagnoses or anomalies
- Unknown

Image 22: New Fetal Death Record - Initiated

You will then enter the fetus information including last name, first name (if known), time and place of delivery, and the information of the informant.

Image 23: Fetus Information

Step 11: Medical Certification

Finally, you will enter the name or license number of the medical certifier to certify the fetal death record.

Designate the medical certifier in the Medical Certification section.

Image 24: Certifier of Fetal Death

Certifier of Fetal Death

Enter a name or license number to search certifiers ⓘ

Q cas

Cassandra Wernock (Medical Certifier)

← Save →

Image 25: Final Medical Certifier of Fetal Death

Certifier of Fetal Death

Enter a name or license number to search certifiers ⓘ

Q Cassandra Wernock (Medical Certifier)

Medical Certifier Details

Certifier Type
Medical Certifier

First Name: CASSANDRA Middle Name: Last Name: WERNOCK

Title: DO License Number: 25MB01010101

Address: 369 S Warren St

← Save →

Image 26: Medical Certifier Details

New Fetal Death Record - Initiated EFR: 24007729 Child's DOD: 10/09/2024 3:28 AM Day: 1 Assigned to: Cherry Hill Women's Center@AAA

C SUNFLOWER A GOLDEN SUNFLOWER B

🌻 **Medical Certification Pending**, assigned a few seconds ago.

Image 27: Medical Certification Pending

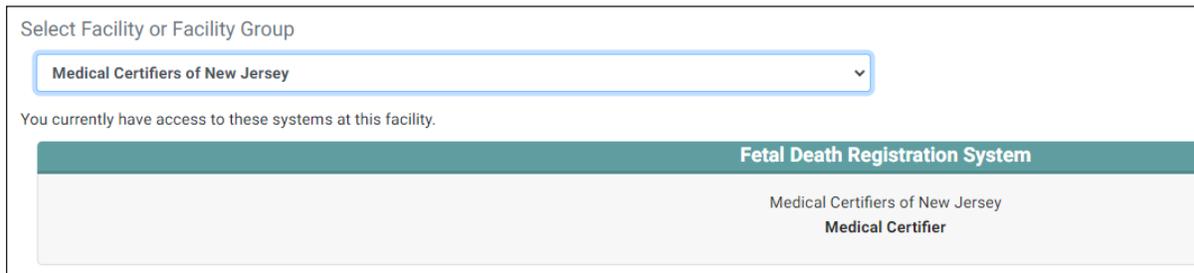
Once completed, click “save” and this will notify the physician that the clerk is finished establishing the record.

STOP 2: MEDICAL CERTIFIER

Step 1: Medical Certifier Login

Once the medical certifier logs in to the Fetal Death Registration System, you will find the pending records for medical certification is ordered from oldest to newest records. The fetal deaths will always be listed under the mother's name.

Medical certifier login – always select **Medical Certifiers of New Jersey**



Select Facility or Facility Group

Medical Certifiers of New Jersey

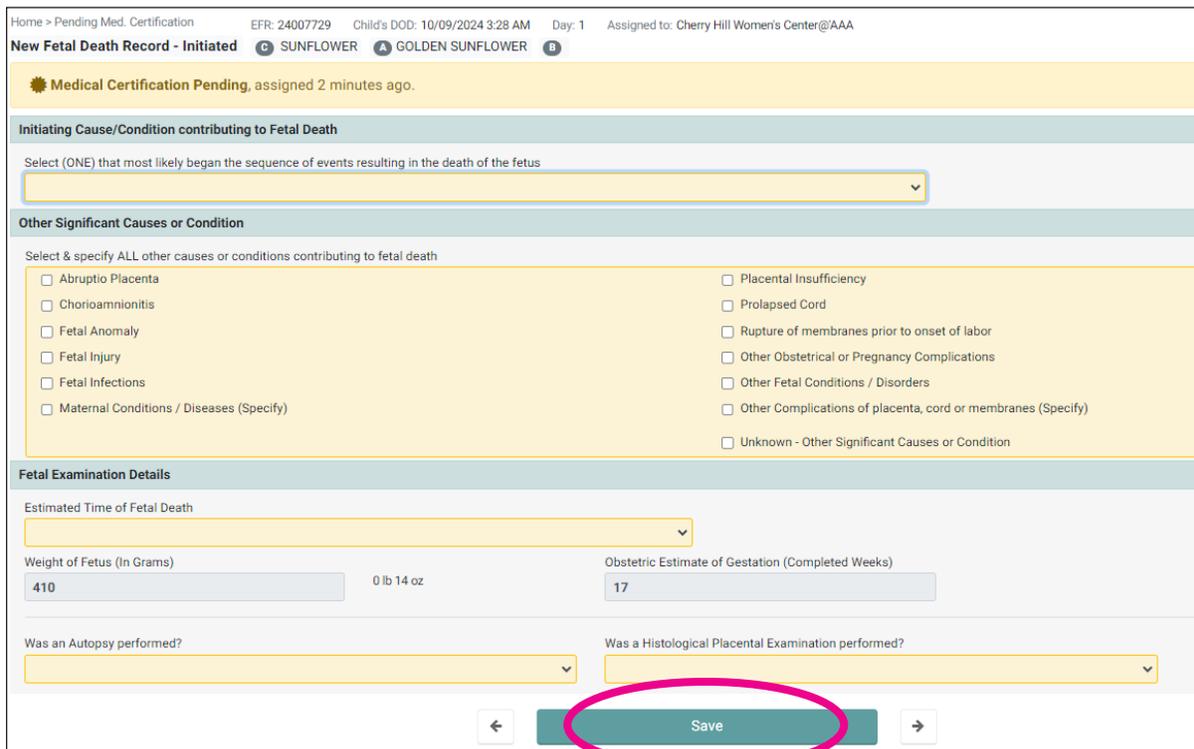
You currently have access to these systems at this facility.

Fetal Death Registration System
Medical Certifiers of New Jersey Medical Certifier

Image 1: Medical Certification Pending

Step 2: Cause of Fetal Death

The medical certifier is only responsible for completing the “cause of fetal death” section.



Home > Pending Med. Certification EFR: 24007729 Child's DOD: 10/09/2024 3:28 AM Day: 1 Assigned to: Cherry Hill Women's Center@AAA

New Fetal Death Record - Initiated SUNFLOWER GOLDEN SUNFLOWER

Medical Certification Pending, assigned 2 minutes ago.

Initiating Cause/Condition contributing to Fetal Death

Select (ONE) that most likely began the sequence of events resulting in the death of the fetus

Other Significant Causes or Condition

Select & specify ALL other causes or conditions contributing to fetal death

<input type="checkbox"/> Abruptio Placenta	<input type="checkbox"/> Placental Insufficiency
<input type="checkbox"/> Chorioamnionitis	<input type="checkbox"/> Prolapsed Cord
<input type="checkbox"/> Fetal Anomaly	<input type="checkbox"/> Rupture of membranes prior to onset of labor
<input type="checkbox"/> Fetal Injury	<input type="checkbox"/> Other Obstetrical or Pregnancy Complications
<input type="checkbox"/> Fetal Infections	<input type="checkbox"/> Other Fetal Conditions / Disorders
<input type="checkbox"/> Maternal Conditions / Diseases (Specify)	<input type="checkbox"/> Other Complications of placenta, cord or membranes (Specify)
	<input type="checkbox"/> Unknown - Other Significant Causes or Condition

Fetal Examination Details

Estimated Time of Fetal Death

Weight of Fetus (In Grams) 410 0 lb 14 oz

Obstetric Estimate of Gestation (Completed Weeks) 17

Was an Autopsy performed?

Was a Histological Placental Examination performed?

Save

Image 2: Cause of Fetal Death

You will first select from the drop-down menu the one initiating cause or condition that most likely began the sequence of events resulting in the death of the fetus.

The screenshot shows a web form titled "New Fetal Death Record - Initiated" with user identifiers "C SUNFLOWER" and "A GOLDEN SUNFLOWER" and a "B" icon. A yellow banner at the top states "Medical Certification Pending, assigned 2 minutes ago." Below this is a section titled "Initiating Cause/Condition contributing to Fetal Death" with the instruction "Select (ONE) that most likely began the sequence of events resulting in the death of the fetus". A dropdown menu is open, showing a list of options: "Unknown", "Maternal Conditions/Diseases", "Abruptio Placenta", "Chorioamnionitis", "Placental Insufficiency", "Prolapsed Cord", "Rupture of membranes prior to onset of labor", "Other Initiating causes/Conditions", "Other Obstetrical or Pregnancy Complications", "Fetal Anomaly", "Fetal Injury", "Fetal Infections", "Other Fetal Disorders", and "Unknown" (highlighted in blue at the bottom).

Image 3: Initiating Cause

You will then select the estimated time of death from the next drop-down menu.

The screenshot shows a web form titled "Fetal Examination Details". A dropdown menu for "Estimated Time of Fetal Death" is open, showing four options: "Dead at time of First Assessment, No labor ongoing", "Dead at time of First Assessment, Labor ongoing", "Died during labor, after first assessment", and "Unknown time of fetal death". The first option is highlighted in blue. Other form fields visible include "Date of Gestation (Completed Weeks)" and "Medical Placental Examination performed?". At the bottom, there are navigation arrows and a "Save" button.

Image 4: Estimated Time of Fetal Death

Finally, you will complete the remaining fetal examination details and click “save” to move on to certification.

Image 5: Fetal Examination Details

You will then review the details of the certification of fetal death and click “certify” when all details are verified.

Image 6: Medical Certification Pending

Date & Time of Delivery	October 9, 2024 3:28 AM
Plurality	SINGLE
Sex of Fetus	MALE
Mother's Legal Name	GOLDEN SUNFLOWER
Initiating Cause of Death	UNKNOWN
Facility / Location of Delivery	55 N WILLOW ST, TRENTON NEW JERSEY 08608
Certifier	CASSANDRA WERNOCK

Image 7: Certification

Once you certify the record it will no longer appear in your pending medical certification queue.

The screenshot shows the VERI-NJ Fetal Death Registration System interface. At the top, there is a teal header with the text "VERI-NJ | Fetal Death Registration System". Below this is a dark navigation bar with "Home" and "Search" buttons. A green notification banner at the top of the main content area contains a checkmark icon and the text "Fetal Death Record has been Certified. Return to record." Below the notification is a sidebar menu titled "Fetal Death Records" with an upward arrow icon. The menu items are "Pending Med. Certification" (0), "Certified By Me" (1), and "Rejected by Registrar" (2). The main content area is titled "Pending Med. Certification" in orange text, followed by a "Filter..." input field and the text "0 - 0 of 0 rows". Below this is a table with the following columns: "Lock", "EFR", "Day" (with a dropdown arrow), "Status", "Mother/Parent A (L, F M)", "Date & Time of Delivery", and "Name of Fetus (L, F M)". The table body is currently empty, with the text "All caught up." displayed below the table header.

Image 8: Fetal Death Record Certified

STOP 3: FUNERAL DIRECTOR

Funeral Home Users

Step 1: Finding a Fetal Death Record

After you login to the Fetal Death Registration System, you will see a list of pending fetal death records assigned to your funeral home. To search for a new record, click “perform a search”, which will take you to the search function.



Image 1: Login Screen

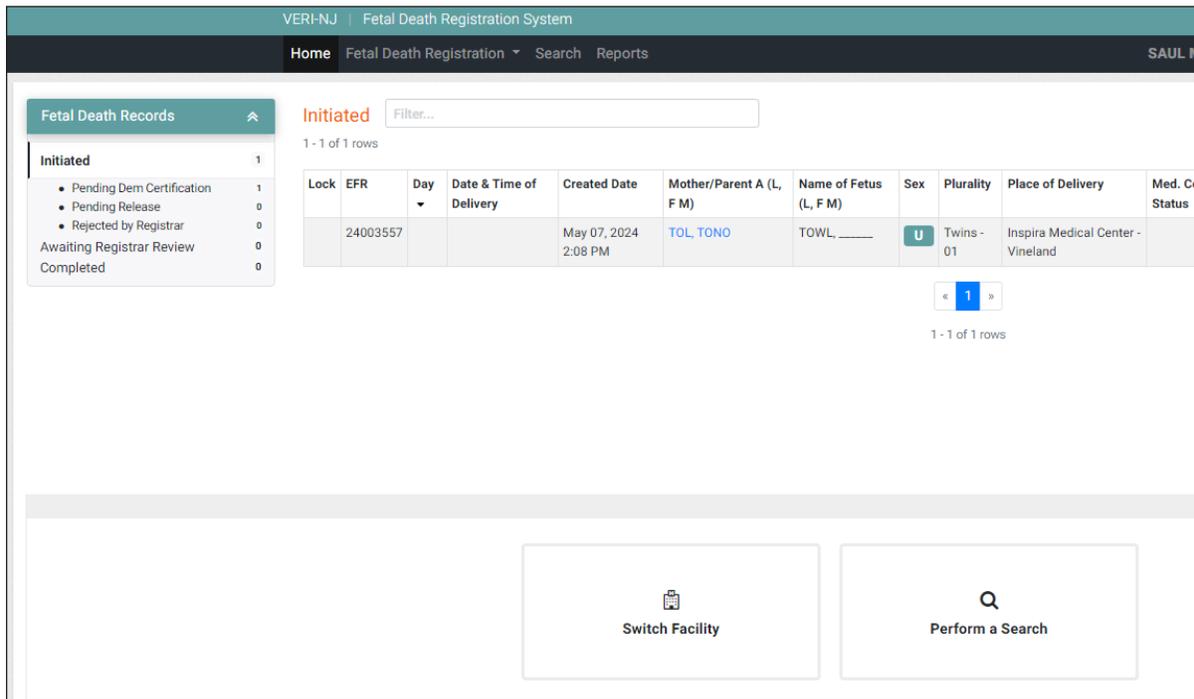


Image 2: Pending Fetal Death Records

While you can search by any of the fields listed, the best options are to search by EFR number or the date of delivery. Fill out the search field of your choice, then click “search” to bring up results.

Search Fetal Death Records

First Name of Fetus	is	
Last Name of Fetus	is	
Date of Delivery	is	10/09/2024
Mother/Parent A's First Name at Birth	begins with	
Mother/Parent A's Last Name at Birth	begins with	
Municipality of Delivery	is	
Father/Parent B's First Name at Birth	is	
Father/Parent B's Last Name at Birth	is	

[Add Search Field](#)

Search

Image 3: Search Fetal Death Records

Search Fetal Death Records

<ul style="list-style-type: none"> First Name of Fetus <li style="background-color: #0070C0; color: white;">EFR Number State File Number Mother's Medical Record Number Mother's Date of Admission 	is	
	is	
	is	

Image 4: Search Options

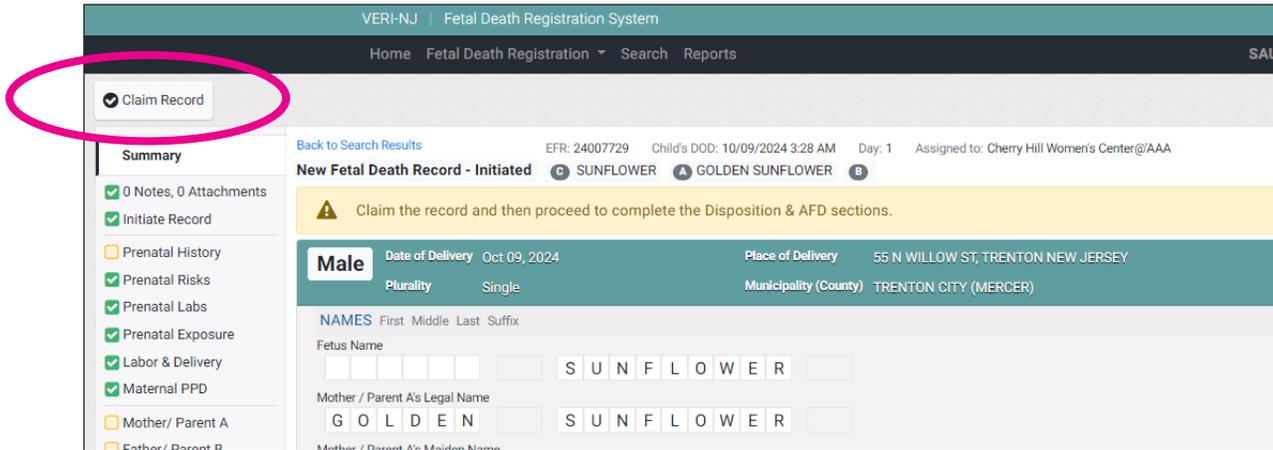
Once you find the record you are seeking, click the “claim record” button in the top left corner.



Displaying 1 of 1 records found.

EFR	State File #	Mother/Parent A Name at Birth (L, F)	Date of Delivery	Sex	Fetus (L, F)	Place of Delivery	County of Delivery	Municipality of Delivery	Father/Parent B Name at Birth (L, F)	Record Stage
24007729			October 09, 2024 3:28 AM	M	SUNFLOWER	55 N WILLOW ST	MERCER	TRENTON CITY		Initiated

Image 5: Search Record



VERI-NJ | Fetal Death Registration System

Home Fetal Death Registration Search Reports SAU

Claim Record

Summary

- 0 Notes, 0 Attachments
- Initiate Record
- Prenatal History
- Prenatal Risks
- Prenatal Labs
- Prenatal Exposure
- Labor & Delivery
- Maternal PPD
- Mother/ Parent A
- Father/ Parent B

Back to Search Results EFR: 24007729 Child's DOD: 10/09/2024 3:28 AM Day: 1 Assigned to: Cherry Hill Women's Center@AAA

New Fetal Death Record - Initiated C SUNFLOWER A GOLDEN SUNFLOWER B

Claim the record and then proceed to complete the Disposition & AFD sections.

Male Date of Delivery Oct 09, 2024 Place of Delivery 55 N WILLOW ST, TRENTON NEW JERSEY
Plurality Single Municipality (County) TRENTON CITY (MERCER)

NAMES First Middle Last Suffix

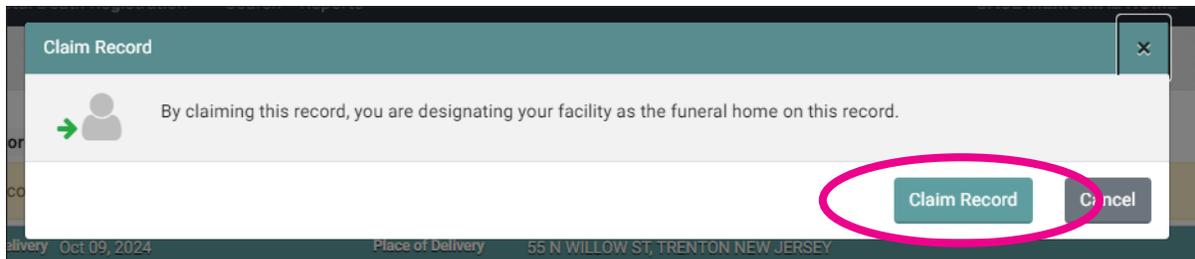
Fetus Name S U N F L O W E R

Mother / Parent A's Legal Name G O L D E N S U N F L O W E R

Mother / Parent A's Maiden Name

Image 6: Select Record

You will once again be prompted to claim the record; you will click the green “claim record” button.



Claim Record

By claiming this record, you are designating your facility as the funeral home on this record.

Claim Record Cancel

Image 7: Claim Record

Once the record has been claimed you will be taken back to your list of pending records. Click on “return to record”. This will take you to the fields to complete the disposition and AFD sections of the record.

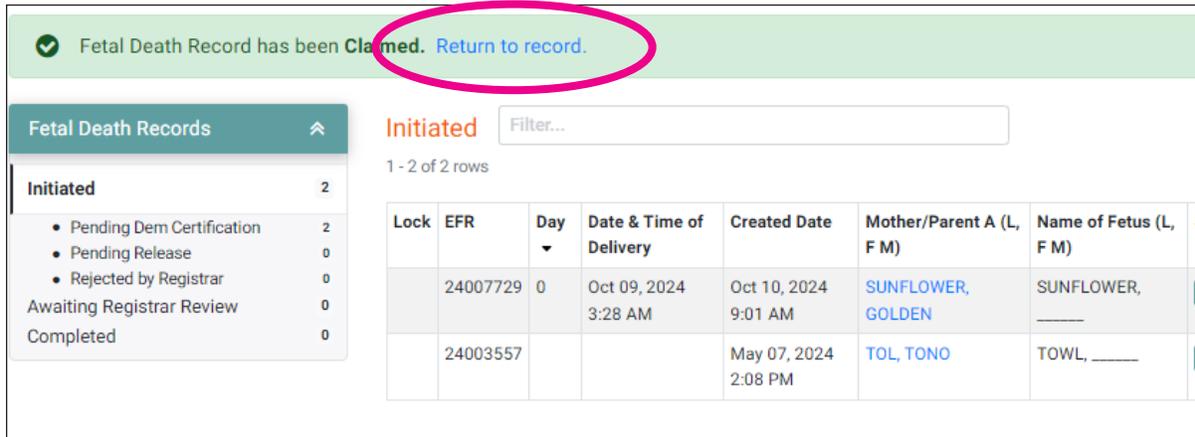


Image 8: Return to record

STEP 2: Demographics

You will then be prompted to complete the maternal demographic information. This section is required by the funeral director.

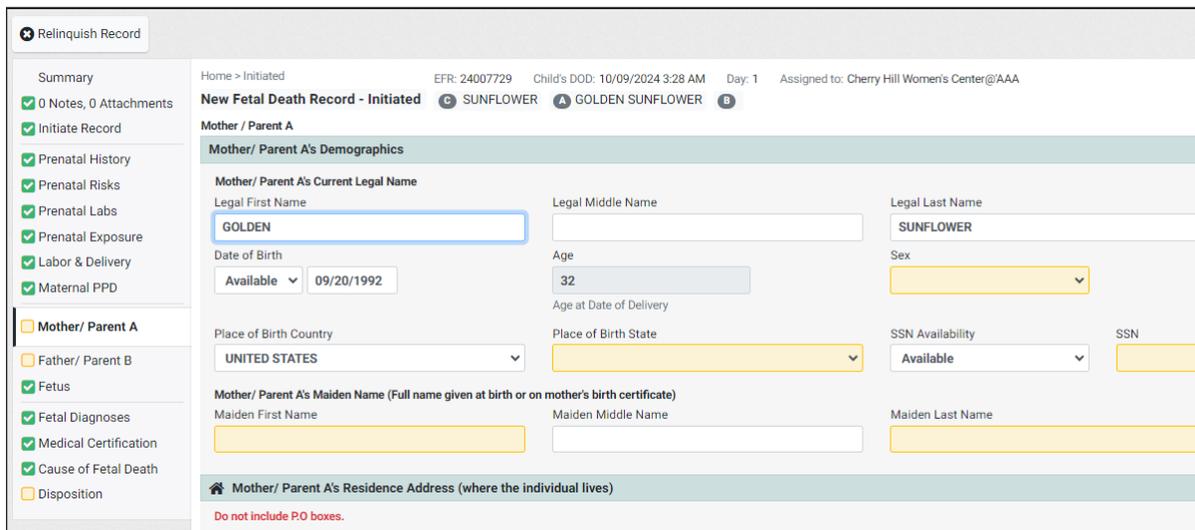


Image 9: Maternal Demographics

Next, you will be asked if the paternal information is available. While this section is not required, if the information is available, select yes and continue to enter the father's information.

Summary

- 0 Notes, 0 Attachments
- Initiate Record
- Prenatal History
- Prenatal Risks
- Prenatal Labs
- Prenatal Exposure
- Labor & Delivery
- Maternal PPD
- Mother/ Parent A
- Father/ Parent B**
- Fetus

Home > Initiated EFR: 24007729 Child's DOD: 10/09/2024 3:28 AM Day: 1 Assigned to: Cherry Hill Women's Center@AAA

New Fetal Death Record - Initiated C SUNFLOWER A GOLDEN SUNFLOWER B

Father / Parent B

Father/ Parent B's Information

Do you have Father/ Parent B's information ?

Yes

No

Save →

Image 10: Father's Information

Then, you will review the fetus information and add any additional information you may have, including adding or changing the name of the fetus.

Summary

- 0 Notes, 0 Attachments
- Initiate Record
- Prenatal History
- Prenatal Risks
- Prenatal Labs
- Prenatal Exposure
- Labor & Delivery
- Maternal PPD
- Mother/ Parent A
- Father/ Parent B
- Fetus**

Home > Initiated EFR: 24007729 Child's DOD: 10/09/2024 3:28 AM Day: 1 Assigned to: Cherry Hill Women's Center@AAA

New Fetal Death Record - Initiated C SUNFLOWER A GOLDEN SUNFLOWER B

Fetus Information

Date of Fetal Delivery / Date Fetus Found 10/09/2024

Time of Fetal Delivery / Time Fetus Found 03:28 3:28 AM

Plurality Single

Order of Delivery First

Sex of Fetus Male

First Name of Fetus

Middle Name of Fetus

Last Name of Fetus SUNFLOWER

Suffix of Fetus

Fetus Place of Delivery / Place Fetus Found

Place of Delivery / Place Found At Following Location & Address

Enter Location Name here (e.g. Police Station, Fire station...) & Address below Mothers Home

Country UNITED STATES

Search and select the address here - OR - Enter address in the individual fields below

Fetus Information

Date of Fetal Delivery / Date Fetus Found 10/09/2024

Time of Fetal Delivery / Time Fetus Found 03:28 3:28 AM

Plurality Single

Order of Delivery First

First Name of Fetus PUMPKIN

Middle Name of Fetus

Last Name of Fetus SPICE

Suffix of Fetus

Image 11: Fetus Information

Step 3: Method of Disposition

You will next select from the drop-down menu the method of disposition. Please note, for a burial or cremation in another state you should select “removal from state”.

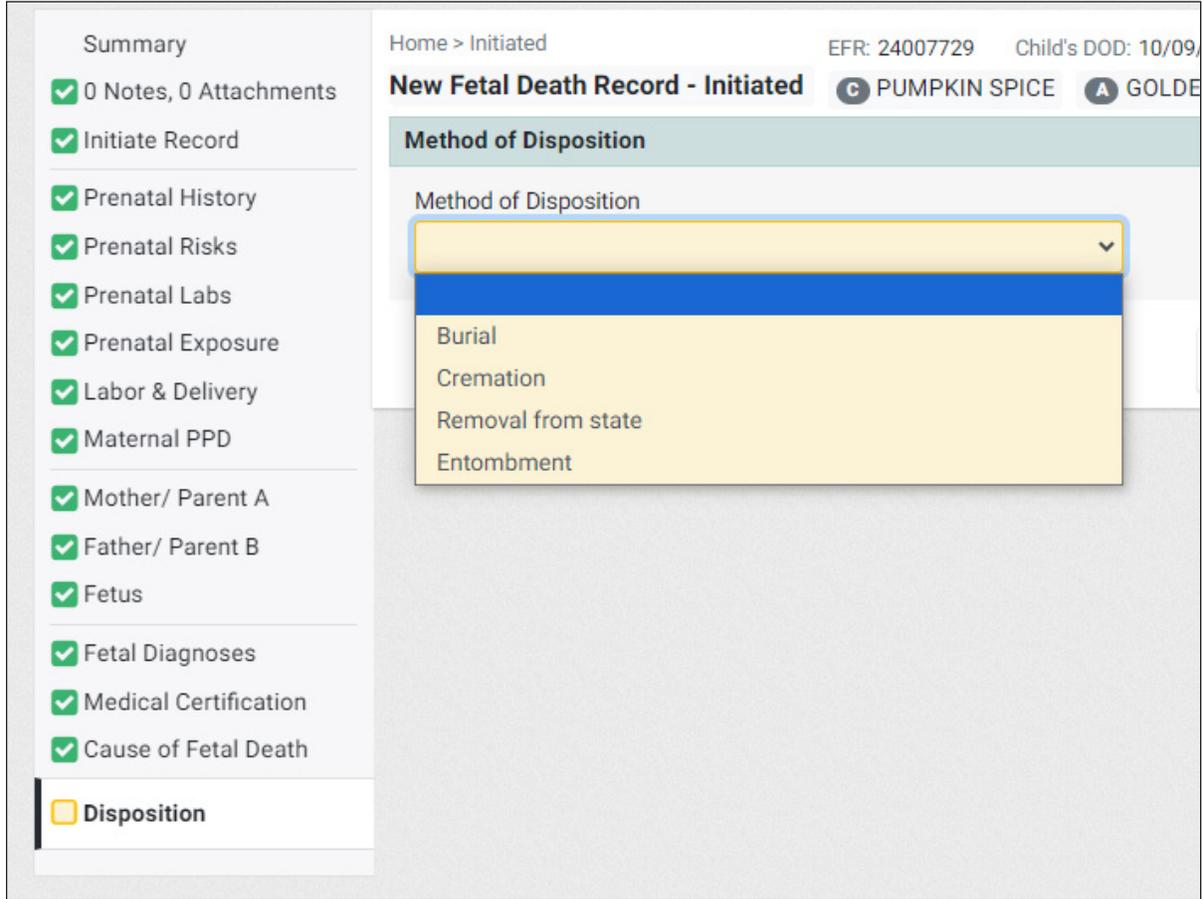


Image 12: Method of Disposition

Step 4: Verify Facility

Next you will verify that the facility and location, along with their details, are correct.

Funeral Home Name
SAUL MEMORIAL HOME

Country
UNITED STATES

Street Number: 1740 Street Name: GREENWOOD Street Type: AVE

State / Province: NEW JERSEY County: MERCER Municipality: HAMILTON TOWNSHIP

City / Town: TRENTON Zip: 08609

Select Funeral Home Director
[Dropdown menu]

First Name: [] Middle Name: [] Last Name: []

License #: []

Image 13: Verify Facility

Select Funeral Home Director
Cassandra Wernock

First Name: Cassandra Middle Name: [] Last Name: Wernock

License #: 23JP00123400

Image 14: Select Funeral Home Director

Cemetery/Crematorium Information

Name of Cemetery or Crematory: The Cemetery

Country: UNITED STATES

Street Number: 123 Street Name: TEST Street Type: STREET Apartment: []

State / Province: NEW JERSEY County: MERCER Municipality: HAMILTON TOWNSHIP

City / Town: HAMILTON Zip: 08610

Save

Image 15: Cemetery/Crematorium Information

Once you have verified the information, click “save”. You will then click the red “AFD” button seen below. You will be prompted to affirm that the information is correct and that you are in fact, the authorized and licensed funeral director for the record.

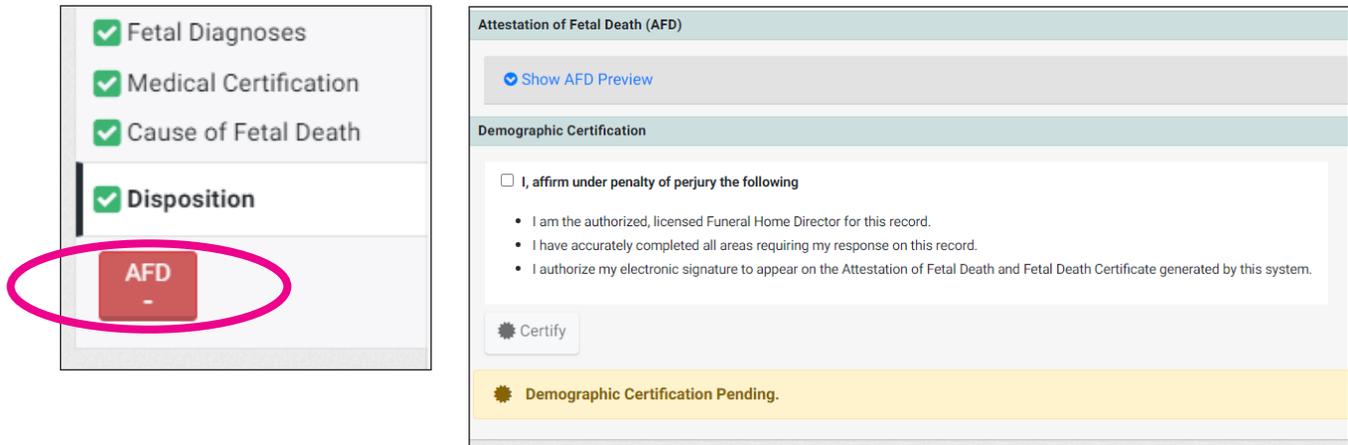


Image 16: Certify

At this point you will be able to download and print the Attestation of Fetal Death (AFD) by clicking the green “AFD FD” button on the bottom left.

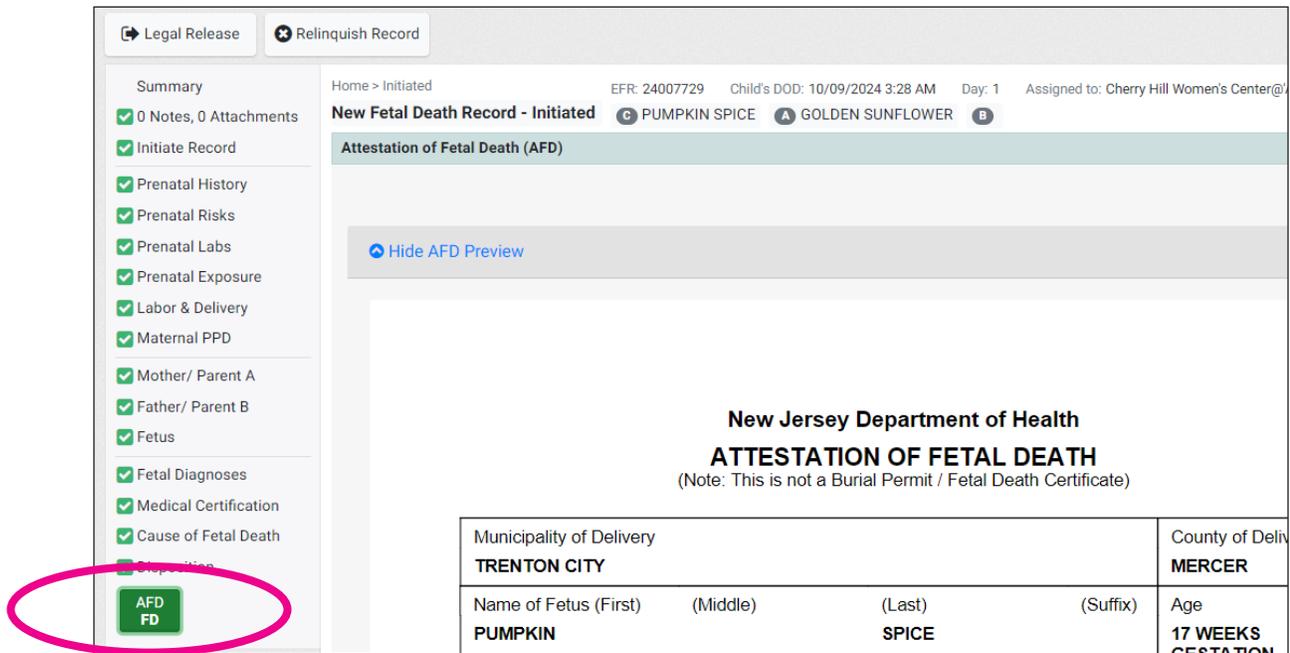


Image 17: Attestation of Fetal Death

Once you have printed the AFD, you can confirm the legal release of the record to the local registrar by clicking the green “Legal Release Now” button.

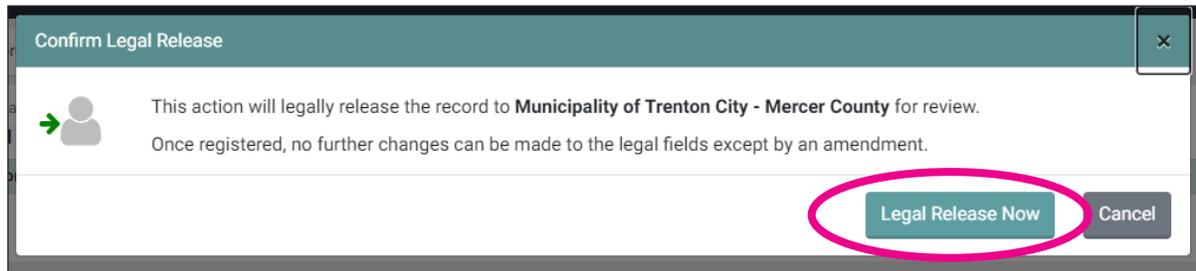


Image 18: Confirm Legal Release

STOP 4: REGISTRAR

Registrar Users

Step 1: Logging in to VERI-NJ

Registrars will select their municipality and be brought to their list of cases pending registrar acceptance (see **Image 1**)



Image 1: Select Facility or Facility Group

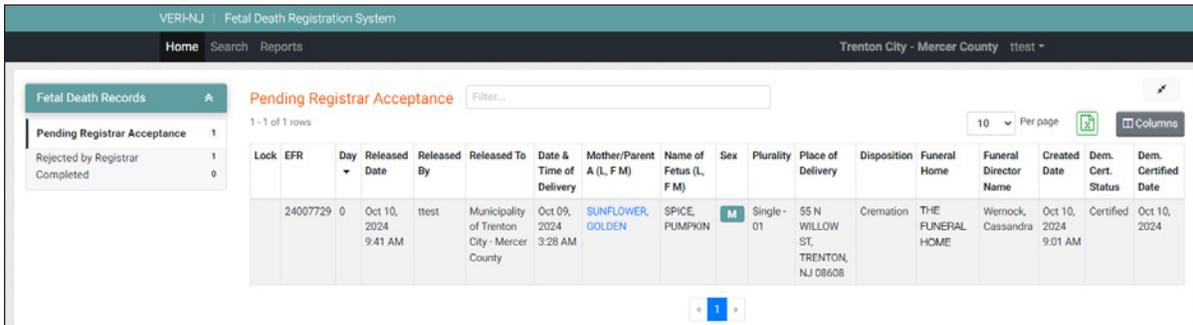


Image 2: Pending Registrar Acceptance

Step 2: You will select the case by clicking on the mother’s name and the new fetal death record page will open. This page can be reviewed but not amended by the Registrar at this stage.

VERI-NJ | Fetal Death Registration System
Home Search Reports Trenton City - Mercer County

Accept Reject

Summary
0 Notes, 0 Attachments
Initiate Record
Prenatal History
Prenatal Risks
Prenatal Labs
Prenatal Exposure
Labor & Delivery
Maternal PPD
Mother/ Parent A
Father/ Parent B
Fetus
Fetal Diagnoses
Medical Certification
Cause of Fetal Death
Disposition
AFD
FD

Home > Pending Registrar Acceptance EFR: 24007729 Child's DOD: 10/09/2024 3:28 AM Day: 1 Assigned to: Municipality of Trenton City - Mercer County

New Fetal Death Record - Released PUMPKIN SPICE GOLDEN SUNFLOWER

Male Date of Delivery Oct 09, 2024 Place of Delivery 55 N WILLOW ST, TRENTON NEW JERSEY
Plurality Single Municipality (County) TRENTON CITY (MERCER)

NAMES First Middle Last Suffix
Fetus Name P U M P K I N S P I C E
Mother / Parent A's Legal Name G O L D E N S U N F L O W E R
Mother / Parent A's Maiden Name G O L D E N S U N F L O W E R
Father / Parent B's Legal Name
Father / Parent B's Name at Birth

MOTHER / PARENT A
Date of Birth Sep 20, 1992 Residence 55 N WILLOW ST, TRENTON CITY, NEW JERSEY 08608
Place of Birth NEW JERSEY Mailing 55 N WILLOW ST, TRENTON, NEW JERSEY 08608
Sex Female

Image 3: New Fetal Death Record

Step 3: After reviewing the new case, you can click on the green “AFD” button on the left side of your screen followed by the teal “Download/Print Burial Permit” button. This will open a PDF preview of the Burial Permit that must be printed for the funeral home of record. You may do this at the time of record review, or after acceptance by returning to the record.

Summary
0 Notes, 0 Attachments
Initiate Record
Prenatal History
Prenatal Risks
Prenatal Labs
Prenatal Exposure
Labor & Delivery
Maternal PPD
Mother/ Parent A
Father/ Parent B
Fetus
Fetal Diagnoses
Medical Certification
Cause of Fetal Death
Disposition
AFD
FD

Home > Pending Registrar Acceptance EFR: 24007729 Child's DOD: 10/09/2024 3:28 AM Day: 1 Assigned to: Municipality of Trenton City - Mercer County

New Fetal Death Record - Released PUMPKIN SPICE GOLDEN SUNFLOWER

Attestation of Fetal Death (AFD)
Download / Print AFD Download / Print Burial Permit
Show AFD Preview

Demographic Certification by Cassandra Wernock, License # 23JP00123400, 10/10/2024.

Image 4: Attestation of Fetal Death

Step 4: After reviewing the record, click “Accept” or “Reject” in the upper left of your screen (Image 3). If you reject the record, you will need to specify the reason for rejection. If you accept the record, you will be prompted to confirm the acceptance. You will tick the box confirming that you have reviewed the information and verify that it is correct and then click on the teal “accept” button. This action will register the new fetal death record.

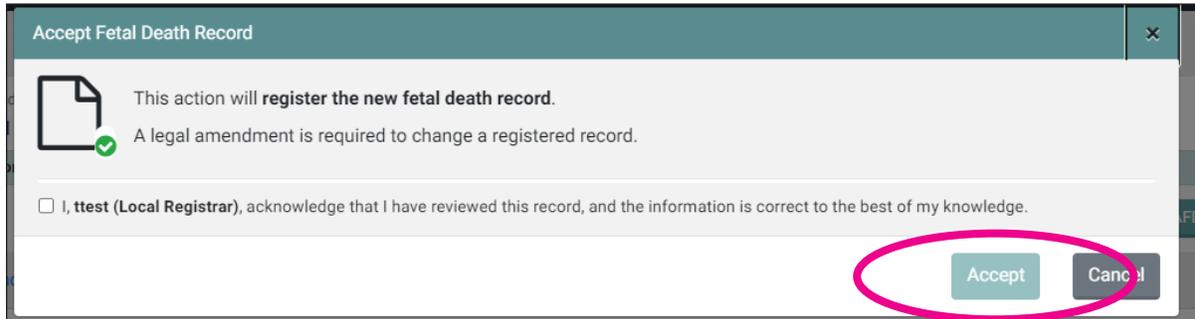


Image 5: Accepting a Fetal Death Record

Step 5: You will now be redirected to the registered fetal death record. Click “Print Certificate” in the top left corner.

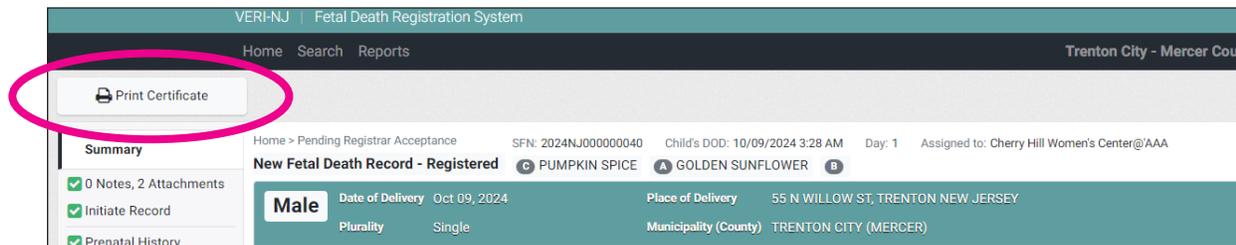


Image 6: Registered Fetal Death Record

Step 6: You will be presented with three possible fetal death certificates. The preferred default should be the “Certificate of Still Birth”. However, long and short form fetal death certificates are available if requested. Select the certificate you wish to print, enter the number of copies (up to 5 copies), and select the teal “print” button to print the certificate.

Print Fetal Death Certificates

Display Mother on fetal death certificate as
Mother

Long Form Certificate of Fetal Death Short Form Certificate of Fetal Death Certificate of Still Birth

Number of Copies to Print (Max 5)

Disclaimer
To protect the confidentiality of information and integrity of the protective measure designed into this system, all users are advised that any *Unauthorized use of this system is prohibited by Title 18 of the United States Code. Any attempt to Save, Download, Email, Alter or Produce non-executable forms of this certificate is not authorized and is prohibited by federal and state laws.*

Print Cancel

Image 7: Printing Fetal Death Certificates

A “Certificate of Birth Resulting in Stillbirth” will be printed and can serve as the burial permit for the fetus.

<i>CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH</i>			
NAME OF CHILD (If Given) (FIRST)	(MIDDLE)	(LAST)	(SUFFIX)
<i>PUMPKIN</i>		<i>SPICE</i>	
DATE OF DELIVERY	TIME OF DELIVERY	SEX	
<i>OCTOBER 9, 2024</i>	<i>3:28 AM</i>	<i>MALE</i>	
MOTHER'S NAME GIVEN AT BIRTH (FIRST)	(MIDDLE)	(LAST)	(SUFFIX)
<i>GOLDEN</i>		<i>SUNFLOWER</i>	
FATHER'S NAME GIVEN AT BIRTH (FIRST)	(MIDDLE)	(LAST)	(SUFFIX)
PLACE OF DELIVERY		COUNTY OF DELIVERY	
<i>TRENTON CITY</i>		<i>MERCER</i>	
		DATE AMENDED	
		<i>NONE</i>	
DATE RECEIVED		STATE FILE NUMBER	
<i>OCTOBER 10, 2024</i>		<i>2024NJ00000040</i>	
ISSUED BY		DATE ISSUED	
<i>TRENTON CITY - MERCER COUNTY CASSANDRA WERNOCK, LOCAL REGISTRAR</i>		<i>OCTOBER 10, 2024</i>	
<i>THIS CERTIFICATE IS NOT PROOF OF A LIVE BIRTH!</i>			

Image 8: Example of Final Certificate of Birth Resulting in Stillbirth

RESOURCES

Requests for access to the VERI system can be sent to **VERINJ_Admin@doh.nj.gov** with the below requested information. If emailing from a shared email address (ex. info@NameOfFacility.com), please also provide a unique email address.

Funeral Directors

- Name of Funeral Director
- License Number
- Name of Funeral Home
- Email Address

* If there are other funeral directors in the same funeral home, a full list of users can also be sent in one email.

Municipal Registrars

- Name
- Registrar Title
- CMR Number (if applicable)

Medical Certifiers

- Name
- License Number
- Address on License

If you need to establish a clinic or private practice, please also include the following:

- Practice Name
- Practice Address
- Name of an Administrator/Clerk
- Email Address for Administrator/Clerk

For support with the **VERI-NJ System**:

VERINJ_Admin@doh.nj.gov
Or call OVSF at **866.649.8726**

For support with the **EDRS System**:

EDRSsupport@doh.nj.gov
Or call the EDRS Hotline at **877.797.4796**

The New Jersey State Funeral Directors Association offers a Manager of the Day Program that provides guidance on funeral service and industry-related questions and concerns. The NJSFDA does **NOT** provide legal advice but does offer information on funeral service law and regulations.

The Manager of the Day can be reached between 9:00 a.m. and 5:00 p.m. Monday through Friday at **800.734.3712** or online via online form at **njsfda.org**.



New Jersey State
Funeral Directors
Association, Inc.

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