

**N.J. Division of Fire Safety  
Office of the State Fire Marshal  
Fire Fatality Report Form**

Rec'd by: \_\_\_\_\_  
Date Rec'd: \_\_\_\_\_  
Time Rec'd: \_\_\_\_\_

Date of Incident: / /	Alarm Time (24 Hr): :	Municipality:
Incident Address:		Zip:
Fire Department Name:		FDID:
		NFIRS Participant: Yes No

Name:	Age:	Sex: Male Female	Affiliation: Civilian Firefighter Other Emergency Personnel
Name:	Age:	Sex: Male Female	Affiliation: Civilian Firefighter Other Emergency Personnel
Name:	Age:	Sex: Male Female	Affiliation: Civilian Firefighter Other Emergency Personnel
Name:	Age:	Sex: Male Female	Affiliation: Civilian Firefighter Other Emergency Personnel
Name:	Age:	Sex: Male Female	Affiliation: Civilian Firefighter Other Emergency Personnel
Name:	Age:	Sex: Male Female	Affiliation: Civilian Firefighter Other Emergency Personnel
Name:	Age:	Sex: Male Female	Affiliation: Civilian Firefighter Other Emergency Personnel
Name:	Age:	Sex: Male Female	Affiliation: Civilian Firefighter Other Emergency Personnel

Cause of Fire:	Type of Occupancy:
	Room of Origin:
Detector Present: Yes No	Detector Operate: Yes No

Reporting Agency:	Name:	Phone
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Remarks:
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