DEATH CERTIFICATE INFORMATION
(This information must be correct, it can take 4 to 6 weeks to correct after certified copies are issued)

Contact Name: _____ **Relationship:** _____ **Fax #:** _____

Home #: _____ **Work #:** _____ **Cell #:** _____

DECEDENT

DECEDENT'S NAME FIRST MIDDLE LAST

SEX | DATE OF DEATH *(Month, Day, Year)* | SOCIAL SECURITY NUMBER

AGE-Last Birthday *(years)* | UNDER 1 YEAR Months Days | UNDER 1 DAY Hours Minutes | DATE OF BIRTH *(Month, Day, Year)*

BIRTHPLACE (City and State or Foreign Country)

WAS DECEDENT EVER IN U.S. ARMED FORCES? *(Yes or No)* | Branch of Service

PLACE OF DEATH *(Check only one)*
HOSPITAL __Inpatient __ER/Outpatient __Dead On Arrival
NON-HOSPITAL __Hospice Facility __Nursing Home / Long Term Care Facility
__Decedent's Home __Other *(specify)* _____

INSIDE CITY LIMITS? *(Yes or No)* | FACILITY NAME *(If not institution, give street and number)*

CITY, TOWN OR LOCATION OF DEATH | COUNTY OF DEATH

DECEDENT'S USUAL OCCUPATION | KIND OF BUSINESS/INDUSTRY

MARITAL STATUS *(Specify)*
__Married __Married, but Separated __Widowed
__Divorced __Never Married

RESIDENCE-STATE

SURVIVIING SPOUSE *(if wife, give maiden name)*

COUNTY | CITY, TOWN OR LOCATION

STREET AND NUMBER

INSIDE CITY LIMITS? *(Yes or No)* | ZIP CODE | WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? *(Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.)* ___No ___Yes *Specify*

DECEDENT'S RACE *(Specify race(s) indicating what the decedent considered him/herself to be. More than (1) may be specified.)*
__White __Black/African Amer. __Asian/Indian __Chinese __Filipino
__Japanese __Korean __Vietnamese __Other Asian *(Specify)* _____
__Native Hawaiian __Guam./Chamorro __Samoan __Other Pacific Isl. *(Specify)* _____
__Amer. Indian/Alaskan Native *(specify tribe)* _____ __Other *(Specify)* _____

DECEDENT'S EDUCATION *(Specify the highest degree/level of school completed at time of death.)*
__8th or less __High School, but no diploma __High School Diploma/GED
__College, but no degree __College Degree *(Specify)*:
❑ Associate's ❑ Bachelor's ❑ Master's ❑ Doctorate

PARENTS

FATHER'S NAME *(First, Middle, Last)* | MOTHER'S NAME *(First, Middle, Maiden Surname)*

INFORMANT'S NAME *(Type/Print)* | RELATIONSHIP TO DECEDENT

MAILING ADDRESS *(Street and Number or Rural Route Number, City or Town, State, Zip Code)*

PERMIT NUMBER | **CASE NUMBER**

DISPOSITION

METHOD OF DISPOSITION
___ Burial ___ Cremation ___Removal From State ___ Donation
___ Other *(Specify)*

PLACE OF DISPOSITION *(Name of Cemetery, Crematory or Other Place)*

LOCATION - City or Town, State | HOUR OF DEATH M

CERTIFIER

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER *(Type or Print)*
Phone:

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) *(Type or Print)*
Phone:

WAS AN AUTOPSY PERFORMED? *(Yes or No)* | CASE REPORTED TO MEDICAL EXAMINER *(Yes or No)*

TOTAL # OF DEATH CERTIFICATES: | WITH (Long) | WITHOUT (Short)

SPOUSE INFORMATION

Spouse Information

PHONE NUMBER | CAN BE CONTACTED YES NO

SOCIAL SECURITY NUMBER | DATE OF BIRTH

OTHER INFORMATION

OTHER INFORMATION TO BE VERIFIED
(Enter Line Number)

DATE APPROVED | TIME APPROVED

APPROVED BY SIGNATURE