

Death Certificate Information Form

1. LEGAL NAME OF DECEASED (Include AKA's if any) (First, Middle, Last)				(Maiden)		2. DATE OF DEATH (ACTUAL OR PRESUMED)	
3. SEX		4. DATE OF BIRTH		5. AGE - Last Birthday (Years)		6. BIRTHPLACE(City & State or Foreign Country)	
7. SOCIAL SECURITY NUMBER			8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE (If wife, give name prior to first marriage)	
10a. RESIDENCE STREET ADDRESS					10b. APT.#NO		10c. CITY OR TOWN
10d. COUNTY			10e. STATE		10f. ZIP CODE		10g. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO
11. FATHER'S NAME				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE			
13. PLACE OF DEATH (CHECK ONLY ONE)							
IF DEATH OCCURRED IN A HOSPITAL:				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:			
<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				<input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
14. COUNTY OF DEATH			15. CITY/TOWN, ZIP (if outside city limits, give precinct no.)			16. FACILITY NAME (If not institution, give street address)	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)			
43. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)							
<input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> AA, AS <input type="checkbox"/> BA, AB, BS <input type="checkbox"/> MA, MS, MEng, MEd, MSW, MBA <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Some college credit, but no degree							
45. DECEDENT'S RACE			46. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No			Branch of Military: _____	
			Serial number of discharge papers or adjusted service certificate?				
47. EVER A PEACE OFFICER IN THIS STATE? <input type="checkbox"/> Yes <input type="checkbox"/> No			48. OCCUPATION			49. TYPE OF BUSINESS OR INDUSTRY	

The information requested on this form will be used to complete the death certificate. Please print this information to ensure spelling is correct. Any areas left blank will be filed as unknown and an amendment to the death certificate will be necessary to correct this at the families expense. Please complete as much of this information as possible.