Illinois Death Certificate Worksheet

Name of deceased ________________________________________________________________

Sex __________ Date of Death __________ County of Death __________

Age at last birthday ___________________________ Date of Birth ______________________

City of Death ___________________________ Hospital or Institution Name ______________________

__ If a Hospital (circle one) ☐ □ Inpatient ☐ Emergency Room ☐ Died on Arrival

If other than Hospital (circle one) ☐ Hospice Facility ☐ Nursing home/Long-term care ☐ Residence

Birthplace (city & state or foreign country) __________________________

Social Security Number __________________________

Marital Status (circle one) □ Married ☐ Divorced ☐ Widowed ☐ Never Married ☐ Married but separated

☐ Unknown ☐ Civil Union ☐ Civil Union but separated ☐ Surviving Partner of a Civil Union

Surviving Spouse’s Name (if wife include maiden name) ____________________________

Closest Relation (if not spouse) ☐ Child ☐ Grandchild ☐ Sibling ☐ Niece ☐ Nephew ☐ Cousin ☐ POA Healthcare

Name of Next of Kin (if not spouse) __________________________

Ever in U.S. Armed Forces (circle one) ☐ Yes ☐ No

Residence ________________________________________________________________

City or town ___________________________ Inside city limits (circle one) ☐ Yes ☐ No

County of Residence ___________________________ State __________________ Zip Code __________

Father’s name ___________________________

Mother’s name (include maiden name) __________________________

Informant’s name ___________________________ Relationship __________________________

Informant’s Address __________________________

General Practitioner/Physician __________________________

Hospice Doctor __________________________

Decedent’s education (circle one) ☐ 8th grade or less ☐ 9th – 12th (no diploma) ☐ High School / GED

☐ Some college, no degree ☐ Associate’s ☐ Bachelor’s ☐ Master’s ☐ Doctorate ☐ Unknown

Hispanic Origin (circle one) ☐ No ☐ Mexican / Mexican American / Chicano ☐ Puerto Rican

☐ Cuban ☐ Other ☐ Specify __________________________

Decedent’s race (circle one or more) ☐ White ☐ Black / African American ☐ Asian Indian ☐ Chinese ☐ Filipino

☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian (specify) __________________________

☐ Native Hawaiian ☐ Guamanian / Chamarro ☐ Samoan ☐ Other Pacific Islander (specify) __________________________

American Indian or Alaskan Native (name of the enrolled or principle tribe) __________________________

Decedent’s Occupation (DO NOT USE RETIRED) __________________________

Business / Industry (DO NOT USE COMPANY NAME) __________________________

Approximate Weight __________________________

Approximate Height __________________________