

Why We Need Death Certificates

- Life Insurance – you need 1 for each insurance company
- Banks – you need 1 for each account that the deceased name is on
- Stocks – if held by the individual or jointly owned, you need 1 for each company. If held by the broker, then you need 1 for each broker
- Bonds – you need 1 for US Savings Bonds, Bonds can be reissued to new owners. If you have corporate bonds, you will need 1 for each company
- Real Estate – you will need 1 for each county in which property is owned
- Secretary of State – you need 1. This may be used for automobile, boat and or mobile home.
- IRAs – you need 1 for each financial institution where funds are maintained.
- CD's – you need 1 for each financial institution where funds are maintained.
- Pension – you need 1 for each pension fund.
- Health Insurance –you may need 1 if insurance is employer provided.
- Current Pay – you may need 1 if still actively employed.
- 401K/403b/Retirement Plans – you need 1 for each depository.
- Federal Income Tax – you need 1.
- State Income Tax – you need 1.
- Probate – if there is to be Probate of the Estate, you need at least 5.
- Social Security Administration – needs to see original but will give back after making copy

STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO.						STATE FILE NUMBER	
LOCAL FILE NUMBER							
1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last)				2. SEX		3. DATE OF DEATH (Month/Day/Year) (Spell Month)	
4. COUNTY OF DEATH		5a. AGE AT LAST BIRTHDAY (Years)		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
						6. DATE OF BIRTH (Month/Day/Year)	
7a. CITY OR TOWN				7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number)			
7c. PLACE OF DEATH (Check only one: see instructions)							
IF DEATH OCCURRED IN A HOSPITAL ☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL ☐ Hospice facility ☐ Nursing Home/Long-term care facility ☐ Decedent's home Other (Specify):			
8. BIRTHPLACE (City and State or Foreign Country)		9. SOCIAL SECURITY NUMBER		10. MARITAL STATUS AT TIME OF DEATH ☐ Married ☐ Married but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage)	
						12. EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No	
13a. RESIDENCE (Street and Number)			13b. APT. NO.		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? ☐ Yes ☐ No
13e. COUNTY		13f. STATE	13g. ZIP CODE	14. FATHER'S NAME (First, Middle, Last)		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	
16a. INFORMANT'S NAME			16b. RELATIONSHIP		16c. MAILING ADDRESS (Street and No., City or Town, State, Zip Code)		
47. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death. ☐ 8th grade or less ☐ 9th - 12 grade; no diploma ☐ High school graduate or GED completed ☐ Some college credit, but no degree ☐ Associated degree(e.g. AA, AS) ☐ Bachelor's degree(e.g. BA, AB, BS) ☐ Master's degree(e.g. MA, MS, MEng, MEd) ☐ Doctorate(e.g. PhD, EdD) or Professional d ☐ Unknown		48. DECEDENT OF HISPANIC ORIGIN? - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. ☐ No, not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino Specify:		49. DECEDENT'S RACE - Check one or more races to indicate what the decedent considered himself or herself to be. ☐ White ☐ Black or African American ☐ American Indian or Alaskan Native (Name of the enrolled or principle tribe) ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian(Specify) ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander(Specify) ☐ Other(Specify)			
50. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED).				51. BUSINESS/INDUSTRY (Enter type of business or industry, NOT COMPANY NAME)			