



Shaw-Davis Funeral Homes
 34 West 2nd Avenue, Columbus, Oh 43201
 (614) 299-4155 Work
 (614) 299-1454 Fax

**** VITAL STATISTIC INFORMATION FOR THE STATE OF OHIO DEATH CERTIFICATE ****

~ Please print or type ~

Decedent's Full Name (First, Middle, Last): _____ Male Female

Social Security Number: _____ Date of Birth: _____

Birth Place (City, and State of birth): _____

Decedent's Last Known Address: _____

Date of Death: _____ Time of Death: _____ Decedent of Hispanic Origin? Yes or No: _____

Surviving Spouse (If wife, put maiden name as last name): _____

Marital Status: Married Separated Never Married Widowed Divorced

Decedent's Race: White - Black - American Indian - Latin - Jewish - Other _____

Education Level: [8th Grade or Less] [9-12th Grade, no diploma] [GED or HS diploma]
 [Some College, no degree] [College degree] If Degree, specify: _____

Father's Name: _____ Mother's Name (first and maiden name): _____

Place of Death (institution or home address): _____

County: _____ City: _____ State: _____ Zip: _____

Informant Name: _____ Relationship to the deceased: _____

Informant Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone#: _____

Informant's Email Address: _____

Was the Deceased in the US Armed Forces? Yes or No: _____ Which Branch?: _____

If yes, can you provide the DD-214 (discharge papers)? Yes or No: _____

Type of Disposition: [Burial], [Cremation], [Anatomical Donation]: _____

Name of Cemetery: _____ City: _____ State: _____

Additional Notes/Comments: _____

