

# CERTIFICATE OF DEATH

State File Number:

1. Decedent's Legal Name (First, Middle, Last, Suffix)				2. Sex	3. Social Security Number		4. Date of Death (MM/DD/YYYY)	
5a. Age Last Birthday (Yrs)		5b. Under 1 Year Months      Days	5c. Under 1 Day Hours      Minutes		6. Date of Birth (Mo/Day/Year) (Spell Month)		7a. Birthplace (City and State or Foreign Country)	
						7b. Birthplace (County)		
8a. Residence (State or Foreign Country)		8b. Residence (Street and Number - Include Apt. No.)			8c. Did Decedent Live in a Township? <input type="checkbox"/> Yes, decedent lived in _____ twp. <input type="checkbox"/> No, decedent lived in limits of _____ city/boro.			
8d. Residence (County)		8e. Residence (Zip Code)						
9. Ever in US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. Marital Status at Time of Death <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown			11. Surviving Spouse's Name (If wife, give name prior to first marriage)			
12. Father / Parent's Name (First, Middle, Last, Suffix)				13. Mother / Parent's Name Prior to First Marriage ( First, Middle, Last, Suffix)				
14a. Informant's Name		14b. Relationship to Decedent		14c. Informant's Mailing Address (Street and Number, City, State, Zip Code)				
15a. Place of Death (Check only one) If Death Occurred in a Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival If Death Occurred Somewhere Other Than a Hospital: <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____								
15b. Facility Name (If not institution, give street and number)			15c. City or Town, State, and Zip Code			15d. County of Death		
16a. Method of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____			16b. Date of Disposition		16c. Place of Disposition (Name of cemetery, crematory, or other place)			
16d. Location of Disposition (City or Town, State, and Zip Code)			17a. Signature of Funeral Service Licensee or Person in Charge of Interment			17b. License Number		
17c. Name and Complete Address of Funeral Facility								
18. 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"/> No diploma, 9th - 12th grade <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)			19. 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. <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____			20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be. <input type="checkbox"/> White <input type="checkbox"/> Korean <input type="checkbox"/> Black or African American <input type="checkbox"/> Vietnamese <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Chinese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Filipino <input type="checkbox"/> Samoan <input type="checkbox"/> Japanese <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other (Specify) _____		
21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be. <input type="checkbox"/> White <input type="checkbox"/> Japanese <input type="checkbox"/> Samoan <input type="checkbox"/> Black or African American <input type="checkbox"/> Korean <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Vietnamese <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Asian <input type="checkbox"/> Refused <input type="checkbox"/> Chinese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian or Chamorro			22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED.  22b. Kind of Business/Industry					

To Be Completed/Verified by: FUNERAL DIRECTOR

ALIAS USED