

STATE OF MARYLAND – DEATH CERTIFICATE APPROVAL FORM

1. Decedent's Name <i>(First, Middle, Last)</i>					2. Date of Death <i>(MM-DD-YYYY)</i>				3. Time of Death											
4a. Facility Name <i>(if not institution, give number and street)</i>					4b. City, Town, or Location of Death				4c. County of Death											
5. Social Security Number		6. Sex		7. Age		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">If Under 1 Yr</td> <td style="width: 25%; text-align: center;">If Under 24hrs</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">Months</td> <td style="text-align: center;">Days</td> <td style="text-align: center;">Hours</td> <td style="text-align: center;">Mins</td> </tr> </table>		If Under 1 Yr	If Under 24hrs			Months	Days	Hours	Mins	8. Date of Birth <i>(MM-DD-YYY)</i>		9. Birthplace		<i>How many years in US?</i>
If Under 1 Yr	If Under 24hrs																			
Months	Days	Hours	Mins																	
10. State of Residence		10b. County		10c. City, Town, or Location				10d. Inside City Limits? Yes <input type="checkbox"/> No <input type="checkbox"/>												
10e. Street and Number							10f. Zip Code													
11. Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		12. U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Branch & Dates:			13. Hispanic Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify:			14. Race <i>(see reverse side)</i>												
15. Decedent's Education <i>(see reverse side)</i>			16a. Decedent's Usual Occupation <i>(during most of working life – not RETIRED)</i>				16b. Kind of Business / Industry													
17. Father's Name <i>(First, Middle, Last)</i>			18. Mother's Name <i>(First, Middle, Maiden Surname)</i>			19. Surviving Spouse's Name <i>(First, Middle, Last)</i>														
20a-b. Informant's Name & Relationship				20c. Informant's Mailing Address <i>(Street & Number or Route Number, City or Town, State, Zip Code)</i>																
21a. 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 <i>(specify):</i>			21b. Place of Disposition <i>(name of cemetery, crematory, etc.)</i>		21c. Date of Disposition		21d. Location <i>(City or Town, State)</i>													

The Death Certificate is a very important legal document. Please read the above information and confirm the accuracy of it with your signature below. Certified Copies of the Maryland Death Certificate are \$20 each copy. Corrections may be made with documentation within 7 days. The informant's name (20a) CANNOT be changed at any time.

Signature _____ Relationship _____

Contact Phone: HOME - _____ CELL - _____ Contact Email: _____

Select Race:

- White
- Black or African American
- American Indian / Alaska Native
- Tribe:
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian Specify:
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander Specify:
- Other Specify:
- Unknown

Education:

- 8th Grade or Less
- 9th- 12th grade; no diploma
- High School Diploma or GED
- Some College Credit but no degree
- Associates Degree (AA or AS)
- Bachelors Degree (BA, BS, AB)
- Masters degree (MA, MS, MENG, MED, MSW, MBA)
- Doctorate degree (PhD., EDD) or Professional Degree (MD, DDS, DVM, LLB, JD)
- Unknown
- Refused