



Standard Death Certificate Information

Please Print Clearly

Legal Name \_\_\_\_\_
First Middle Last

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ Ever in U.S. Military \_\_\_\_yes \_\_\_\_no

Date of Birth \_\_\_\_\_ City and State of Birth \_\_\_\_\_

Residential Address \_\_\_\_\_
City Indiana

County \_\_\_\_\_ Zip \_\_\_\_\_ Within City Limits \_\_\_\_ yes \_\_\_\_no

Occupation \_\_\_\_\_ Industry \_\_\_\_\_

Marital Status \_\_\_\_ Married \_\_\_\_ Married, but separated \_\_\_\_ Widowed \_\_\_\_ Divorced \_\_\_\_ Never Married

Spouse's Name \_\_\_\_\_
First Middle Last (maiden name if wife)

Father's Name \_\_\_\_\_
First Middle Last

Mother's Name \_\_\_\_\_
First Middle Last

Mother's Maiden Name \_\_\_\_\_

Level of Education- check one

- 8th grade or less
9th-12th grade; no diploma
High school graduate/GED
Some college credit; no degree
Associate degree
Bachelor's degree
Master's degree
Doctorate; PhD, EdD, MD

Decedent's Race -check one

- White
Black or African American
American Indian - Name Tribe
Asian Indian
Chinese
Filipino
Japanese
Vietnamese
Other Asian - Specify
Native Hawaiian
Guamanian or Chamorro
Samoan
Other Pacific Islander - Specify
Other - Specify

Of Hispanic Origin \_\_\_\_ Yes \_\_\_\_ No

If yes please specify:

- Mexican Puerto Rican
Cuba Other

Specify \_\_\_\_\_

Informant or Next of Kin

Full Name \_\_\_\_\_
First Middle Last Relationship

Mailing Address \_\_\_\_\_
Street Number or P.O. Box City State Zip

Phone Number(s) \_\_\_\_\_