

State of Maryland / Department of Health and Mental Hygiene
Certificate of Death

1. Decedent's Name <i>(First, Middle Last)</i>					2. Date of Death Month Day Year			3. Time of Death		
4a. Facility Name <i>(If not institution, give street and number)</i>				4b. City, Town, or Location of Death			4c. County of Death			
5. Social Security Number		6. Sex 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	7. Age <i>(In yrs. last birthday)</i> Yrs.		If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.		8. Date of Birth <i>(Month, Day, Year)</i>		9. Birthplace <i>(State or Foreign Country)</i>
Usual Residence of Decedent										
10a. State		10b. County		10c. City, Town or Location				10d. Inside City Limits 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
10e. Street and Number					10f. Zip Code			10g. Citizen of What Country?		
11. Marital Status 1 <input type="checkbox"/> Never Married 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced		12. Was Decedent Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If Yes, Give Year or Dates:		13. Was Decedent of Hispanic Origin? <i>(Specify Yes or No- If yes, specify Cuban, Mexican, Puerto Rican, etc.)</i> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO <i>Specify:</i>			14. Race - American Indian, Black, White, etc. <i>Specify:</i>			
15. Decedent's Education <i>(Specify only highest grade completed)</i> Elementary/Secondary (0-12)			College (1-4 or 5+)		16a. Decedent's Usual Occupation <i>(Give kind of work done during most of working life. DO NOT use 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>					
19a. Informant's Name/Relationship <i>(Type, Print)</i>				19b. Mailing Address <i>(Street and Number or Rural Route Number, City or Town, State, Zip Code)</i>						
20a. Method of Disposition 1 <input type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other <i>(Specify)</i>			20b. Place of Disposition <i>(Name of cemetery, crematory or other place)</i>			Date	20c. Location - City or Town, State			

**** PROOF CAREFULLY ****

PLEASE make sure that all information given is accurate and in the right place

Any mistakes found on the Death Certificate, after it is filed with the State will be the FAMILIES responsibility to correct.

Signature _____ Date _____ Relationship _____ # of Certified Copies _____

Contract # _____