

Printed name of decedent as shown on the death certificate. Do not include title or honorifics.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER (For State Use only. Do not write in this box)

For use by the funeral home director or other person in charge of the funeral arrangements.

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)				2. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		3. APT. OR PREMISES OF DEATH		4. USPTU ID PREFIX	
5. AGE LAST BIRTHDAY		6. UNDER 1 YEAR Mo. Days	UNDER 1 DAY Hours Min.	7. DATE OF BIRTH (MMDDYYYY)		8. BIRTHPLACE (City, State or Foreign Country)			
9. RESIDENCE (State)			10. RESIDENCE (County)		11. RESIDENCE (City or Town)		12. RESIDENCE (Street and No.)		13. APT. NO.
14. ZIP CODE	15. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. MARITAL STATUS AT TIME OF DEATH: <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		17. SURVIVING SPOUSE'S NAME (Give full name prior to first marriage)					
18. FATHER'S NAME (First, Middle, Last)					19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)				
20. INFORMANT'S NAME				21. INFORMANT'S RELATIONSHIP TO DECEDENT		22. MAILING ADDRESS (Street and Number, City, State, Zip Code)			

For use by the physician or institution.

23. IF DEATH OCCURRED IN A HOSPITAL:		24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:		25. FACILITY NAME (If not institution, give street & city)	
[REDACTED]					

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50. 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"/> 8 th grade or less <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Associate degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Unknown		51. DECEDENT OF HISPANIC ORIGIN? <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)		52. DECEDENT'S RACE <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian (specify) <input type="checkbox"/> Samoan <input type="checkbox"/> Other (specify)	
53. DECEDENT'S USUAL OCCUPATION		54. KIND OF BUSINESS/INDUSTRY		55. SOCIAL SECURITY NUMBER	