

Jones Funeral Home

2020 Central Avenue
 Colonie, New York 12205
 518-346-3881

NEW YORK STATE
 DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. NAME: FIRST MIDDLE LAST			2. SEX: MALE <input type="checkbox"/> 1 FEMALE <input type="checkbox"/> 2		3A. DATE OF DEATH: MONTH DAY YEAR		3B. HOUR: m				
4A. PLACE OF DEATH: (Check one) HOSPITAL DOA <input type="checkbox"/> ER <input type="checkbox"/> HOSPITAL OUTPATIENT <input type="checkbox"/> HOSPITAL INPATIENT <input type="checkbox"/> NURSING HOME <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER (Specify): <input type="checkbox"/>				4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR							
4C. NAME OF FACILITY: (If not facility, give address)				4D. LOCALITY: (Check one and specify) CITY VILLAGE TOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			4E. COUNTY OF DEATH:				
4F. MEDICAL RECORD NO.		4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO <input type="checkbox"/> YES <input type="checkbox"/>									
5. DATE OF BIRTH: MONTH DAY YEAR			6A. AGE IN YEARS: yrs.	6B. IF UNDER 1 YEAR ENTER: months days		6C. IF UNDER 1 DAY ENTER: hours minutes		7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province)		7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:	
8. SERVED IN U.S. ARMED FORCES? (Specify years) NO <input type="checkbox"/> 0 YES <input type="checkbox"/> 1		9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino. A <input type="checkbox"/> No, not Spanish/Hispanic/Latino B <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano C <input type="checkbox"/> Yes, Puerto Rican D <input type="checkbox"/> Yes, Cuban E <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (Specify)			10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be: A <input type="checkbox"/> White/Caucasian B <input type="checkbox"/> Black or African American C <input type="checkbox"/> Asian Indian D <input type="checkbox"/> Chinese E <input type="checkbox"/> Filipino F <input type="checkbox"/> Japanese G <input type="checkbox"/> Korean H <input type="checkbox"/> Vietnamese J <input type="checkbox"/> Native Hawaiian K <input type="checkbox"/> Guamanian or Chamorro M <input type="checkbox"/> Samoan N <input type="checkbox"/> American Indian or Alaska Native (specify) P <input type="checkbox"/> Other Asian (specify) R <input type="checkbox"/> Other Pacific Islander (specify) S <input type="checkbox"/> Other (specify)						
11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death. 1 <input type="checkbox"/> ≤ 8th grade 2 <input type="checkbox"/> 9th-12th grade; no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate's degree 6 <input type="checkbox"/> Bachelor's degree 7 <input type="checkbox"/> Master's degree 8 <input type="checkbox"/> Doctorate/Professional degree			12. SOCIAL SECURITY NUMBER:		13. MARITAL STATUS: NEVER MARRIED <input type="checkbox"/> 1 MARRIED <input type="checkbox"/> 2 WIDOWED <input type="checkbox"/> 3 DIVORCED <input type="checkbox"/> 4 SEPARATED <input type="checkbox"/> 5			14. SURVIVING SPOUSE: Enter birth name of spouse if married or separated.			
15A. USUAL OCCUPATION: (Do not enter retired)				15B. KIND OF BUSINESS OR INDUSTRY:			15C. NAME AND LOCALITY OF COMPANY OR FIRM:				
16A. RESIDENCE: (State or Country if not USA)			16B. County or Region/Province if not USA:		16C. LOCALITY: (Check one and specify) CITY VILLAGE TOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, SPECIFY TOWN:			
16D. STREET AND NUMBER OF RESIDENCE:						16E. ZIP CODE:					
17. BIRTH NAME OF FATHER / PARENT: FIRST MI LAST				18. BIRTH NAME OF MOTHER / PARENT: FIRST MI LAST							
19A. NAME OF INFORMANT:				19B. MAILING ADDRESS: (include zip code)							
20A. 1 <input type="checkbox"/> BURIAL 2 <input type="checkbox"/> CREMATION 3 <input type="checkbox"/> REMOVAL MONTH DAY 4 <input type="checkbox"/> HOLD DAY 5 <input type="checkbox"/> DONATION YEAR 6 <input type="checkbox"/> ENTOMBMENT				20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION:				20C. LOCATION: (City or town and state)			
21A. NAME AND ADDRESS OF FUNERAL HOME: Jones Funeral Home 2020 Central Avenue Albany, NY 12205								21B. REGISTRATION NUMBER:			
22A. NAME OF FUNERAL DIRECTOR: Completed by the Funeral Director				22B. SIGNATURE OF FUNERAL DIRECTOR:				22C. REGISTRATION NUMBER:			
23A. SIGNATURE OF REGISTRAR: Completed by the Locality				23B. DATE FILED: MONTH DAY YEAR		24A. BURIAL OR REMOVAL PERMIT ISSUED BY:			24B. DATE ISSUED: MONTH DAY YEAR		

- *The death certificate is filed in the locality (city, town or village) where the death occurred.
- *The certified copies are either \$10 or \$15 per copy, depending upon the municipality.
- * We can obtain these for you for up to 6 months following the date of death