INFORMATION NEEDED TO COMPLETE STATE OF ILLINOIS DEATH CERTIFICATE PLEASE PRINT CLEARLY

Decedent's Legal Name
Sex
Date of Death
Date of Birth
Place of Death
City or Town of Death
County of Death
Age
Birthplace(City and State Only please)
Social Security Number
Marital Status at Time of Death(Check ONLY ONE):MarriedWidowedDivorcedUnknownMarried but separatedNever Married
Surviving Spouse's Name
(If Wife give name prior to marriage)
Ever in U.S. Armed Forces?YESNO
Decedent Residence (STREET)
(CITY)
(APARTMENT/UNIT #?)
(COUNTY)
(STATE)
(ZIPCODE)
Father's Name
Mother's name prior to first marriage
Decedents highest Education Level (Specify)
Decedent of Hispanic Origin?NOYES,(Specify)
Decedent's Race (Specify)
Decedent's Usual OccupationIndustry
Informant's Name
Relationship
Mailing Address
Phone Number of Informant
Email of informant
Total number of Death Certificates requested
COMMENTS/FAMILY PHYSICIAN INFORMATION IF AVAIL
I have approved the above information which is placed on the final death certificates filed with the State of Illinois.
SIGNEDDATE
INFORMANT