

DEATH CERTIFICATE INFORMATION SHEET

Decedent's Legal Name (Include AKA's if any) (First, Middle, Last)
Sex: Male Female Age: Social Security Number
Date of Birth (MM/DD/YYYY) Birthplace (City, State or Foreign Country)
Residence (State) Residence (County) Residence (City or Town)
Residence (Street and No.) Apartment No Zip Code
Ever in Armed Forces? Yes No Branch of Service
Marital Status at Time of Death: Married Divorced Married but Separated Widowed Never Married Unknown
Surviving Spouse's Name (If Wife, Please Give Full Name Prior to First Marriage)
Father's Name (First, Middle, Last)
Mother's Name Prior to First Marriage (First, Middle, Last)
Informant's Name Informant's Relationship to Decedent
Mailing Address (Street and No., City, State, Zip)
Name of Cemetery, Crematory, or Other Place
Decedent's Education (Please Check the Box That Best Describes the Highest Degree or Level of School Completed at the Time of Death)
8th Grade or Less 9th-12th Grade, No Diploma High School Graduate/GED
Some College Credit, But No Degree Associate Degree Bachelor's Degree
Master's Degree Doctorate or Professional Degree Unknown Not Available
Decedent of Hispanic Origin?
No, Not Spanish/Hispanic/Latino Yes, Mexican, Mexican American, Chicano
Yes, Puerto Rican Yes, Cuban
Yes, Other Spanish/Hispanic/Latino (Please Specify)
Decedent's Race
White Black or African American Asian Indian
American Indian or Alaska Native (Name of the Enrolled or Principal Tribe)
Chinese Filipino Japanese Korean Vietnamese Other Asian
Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander
Other
Decedent's Usual Occupation Kind of Business/Industry