



Death Certificate Information Form

1. Decedents Name: (First, Middle, Last) (Maiden Name) _____ (_____)
2. Date of Birth: _____
3. Sex: _____
4. Name at Birth or Name used for personal Business (Include AKA's)(if Any) _____
5. Date of Death: _____
6. Age: _____
7. Location of Death: (Name and address, City, State and Zip Code of place of Death) _____
A. County of Death: _____
8. Current Residence: (Address, City, State and Zip Code of current resident of decedent.) _____
A. County of Residence: _____
9. Birthplace: (City, State) _____
10. SSN: _____ - _____ - _____
11. Decedents Education Level: (what is the highest degree or level of school completed at the time of death?) _____
12. Race: (i.e. American Indian, White, Black, Chinese, Filipino, Asian Indian.) _____
13. Ancestry: (i.e. Mexican, English, German, French.) _____
A. Hispanic Origin: (yes or No) _____
14. Was Decedent ever in the U.S. Armed Forces? (Yes or No) _____
15. Usual Occupation: (Give kind of work done during most of working life. Do not use retired) _____
16. Kind of Business or Industry: _____
17. Marital Status: (Married, Never Married, Widowed, Divorced.) _____
18. Name of Surviving Spouse: (if wife, give maiden name) _____
19. Fathers Name of Decedent: (First, Middle, Last) _____
20. Mothers Name of Decedent: (First, Middle, Last, Include her Maiden Name) _____
21. Informant Name: _____
A. Relationship to Decedent: _____
B. Full Address: _____
C. Phone number: _____
D. Email address: _____
22. Method of Disposition: (Burial, Cremation, Entombment, Donation) _____
23. Place of Disposition: (Name of Cemetery, Crematory) _____
A. Address: _____
B. Section _____ lot _____ grave _____
24. Disposition of Cremated Remains (please check one):
_____ Return to party listed above (next of kin, or guardian)
_____ Return to party listed here _____
_____ Interment _____ cemetery
_____ Section _____ lot _____ grave, _____ niche.
_____ Ship to: _____