



DEATH CERTIFICATE INFORMATION

1.) Name of deceased _____
First Middle Last Maiden

2.) Date of Death _____ /Time: _____ 3.) Sex _____ 4.) Date of Birth _____ 5.) Age _____

6.) Birthplace _____
City & State or Foreign Country 7.) Social Security # _____

8.) Marital Status _____ 9.) Surviving Spouse _____
(If wife, give MAIDEN name) Social Security Number Age

10.) Residence street address _____

(City or town) (County) (State) (Zip Code) (Inside city?)

11.) Fathers name _____

12.) Mothers name _____ Mothers maiden name _____

13.) Place of death _____ 14.) _____ 15.) _____
(Hospital, Nursing home, Residence) (County) (City)

16.) Name of hospital or institution _____
(If not an Institution show street address)

17.) Informant & Relationship _____ Phone # _____

18.) Informant mailing address _____
(Street) (City, State) (Zip)

19.) Method of disposition _____ 22.) Place of disposition _____
(Cemetery/Crematory)

23.) Disposition location _____
(City/State)

31.) Attending Physician _____ Address _____
 Phone # _____

43.) Education _____ 44.) Hispanic _____ 45.) Race _____
(Enter "No" OR, If yes: Mexican, Cuban, P.R.) (White, Black, Korean, etc.)

46.) Ever in Military _____ Branch _____ 47.) Ever a Peace Officer _____

48.) Usual Occupation _____ 49.) Type of Business/Industry _____
(Enter type of work, not "retired")

NOTES:
