



Certificate of Death Worksheet

1. NAME OF DECEDENT -- FIRST (Given)		2. MIDDLE		3. LAST (Family)											
AKA, ALSO KNOWN AS --- Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">IF UNDER ONE YEAR</th> <th colspan="2">IF UNDER 24 HOURS</th> </tr> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> <td>Minutes</td> </tr> </table>		IF UNDER ONE YEAR		IF UNDER 24 HOURS		Months	Days	Hours	Minutes	6. SEX
IF UNDER ONE YEAR		IF UNDER 24 HOURS													
Months	Days	Hours	Minutes												
9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)									
13. EDUCATION --- Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back) <input type="checkbox"/> YES <input type="checkbox"/> NO			16. DECEDENT'S RACE --- Up to 3 races may be listed (see worksheet on back)											
17. USUAL OCCUPATION --- Type of work for most of life. DO NOT USE RETIRED			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION										
20. DECEDENT'S RESIDENCE (Street and number or location).															
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY									
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)												
28. NAME OF SURVIVING SPOUSE --- FIRST		29. MIDDLE		30. LAST (Maiden Name)											
31. NAME OF FATHER --- FIRST		32. MIDDLE		33. LAST	34. BIRTH STATE										
35. NAME OF MOTHER --- FIRST		36. MIDDLE		37. LAST (Maiden)	38. BIRTH STATE										
39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION														
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER ▶			43. LICENSE NUMBER										
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR ▶		47. DATE mm/dd/ccyy										

All information that I/we have provided
(Items 1-38), I/we declare to be true and correct

Print Name(s): _____

Sign Name(s): _____