

# Death Certificate Worksheet

The following pertains to the Decedent

1. Legal Name

Given Names \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

2. Gender?  Male  Female

3. Date Of Death? \_\_\_\_\_  Found Time of Death? \_\_\_\_\_:\_\_\_\_\_ (24hour clock)  
Month Day Year

4. City of Death \_\_\_\_\_

5. County of Death \_\_\_\_\_

6. Date Of Birth? \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

7. Social Security Number? \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8. AKA \_\_\_\_\_  
(The AKA Should Be Substantially Different Than The Legal Name)

9. Age At Last Birthday? \_\_\_\_\_ Years  
**If Under 1 Year** \_\_\_\_\_ Months \_\_\_\_\_ Days  
**If Under 1 Day** \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

10. Place Of Birth? \_\_\_\_\_  
State and City or Canadian Province or Foreign Country

11. Was The Decedent Ever In The United States Armed Forces?  Yes  No  Unknown

12. What Was The Marital Status Of The Deceased?  Never Married  Divorced  
 Married  Married, but separated  
 Widowed  Unknown

13. What Is The **Spouse's** Name? If Wife, Give Last Name **Prior To First Marriage**  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

14. What Was The Decedent's Usual Occupation? Indicate the type of work done during most of the decedent's working life.  
**DO NOT USE RETIRED.** (e.g. High School Teacher, Airman 1<sup>st</sup> Class, Electronic Assembler)  
\_\_\_\_\_

15. In What Business Or Industry Did The Decedent Usually Work?  
(e.g. High School, Hospital, Air Force, Manufacturing, Computers, Retail – Department Store, Grocery Store)  
\_\_\_\_\_

16. Where Did The Decedent Usually Live?  
Street Address \_\_\_\_\_ Second Street Address (Apartment#) \_\_\_\_\_  
State \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Country (If outside the U.S.) \_\_\_\_\_  
Inside City Limits  Yes  No  Unknown

17. What Is The Decedent's **Father's** Name?  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

18. What Is The Decedent's **Mother's** Name **Prior To First Marriage**?  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

19. What Is The **Informant's** Name?  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_  
What Is The Informant's Relationship To The Decedent? \_\_\_\_\_  
What Is The Informant's Mailing Address?  
\_\_\_\_\_

Address \_\_\_\_\_ Address 2 (Apartment #) \_\_\_\_\_  
State \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Country (If outside the U.S.) \_\_\_\_\_

20. Is The **Decedent** Of Hispanic Origin? (Check **NO** If The Decedent Is Not Spanish/Hispanic/Latino)

Yes     No     Unknown

(If **YES**, Check The Box That Best Describes Whether The Decedent Is Spanish/Hispanic/Latino)

Mexican, Mexican American Chicano  
 Cuban

Puerto Rican  
 South American  
 Other Spanish/Hispanic/Latino (Specify) \_\_\_\_\_

21. What Is The **Decedent's** Race?

(Check One Or More Races To Indicate What The Decedent Considered Himself Or Herself To Be)

White  
 Black Or African American  
 Chinese  
 Japanese  
 Native Hawaiian  
 Filipino  
 Asian Indian

Korean  
 Samoan  
 Vietnamese  
 Guamanian Or Chamorro  
 American Indian Or Alaska Native/  
Name Of Principal  
Tribe \_\_\_\_\_

Other Asian  
(Specify) \_\_\_\_\_  
 Other Pacific Islander  
(Specify) \_\_\_\_\_  
 Other  
(Specify) \_\_\_\_\_  
 Unknown

22. What Is The Decedent's Level Of Education?

8<sup>th</sup> Grade Or Less  
 9<sup>th</sup> -12<sup>th</sup> Grade, No Diploma  
 High School Graduate Or GED  
Completed

Some College Credit But No Degree  
 Associate Degree (AA, AS)  
 Bachelor's Degree (BA, AB, BS)  
 Master's Degree (MA, MS, ME)

Doctorate (PhD, EdD,  
Or Professional Degree)  
(MD, DDS, DVM, LLB, JD)  
 None  
 Unknown

23. What Is Time Of Death? \_\_\_\_\_: \_\_\_\_\_ 24-Hour Clock  Found

24. Date Deceased Last Attended By Physician or Agent?  Never Seen Alive or \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

25. Did Death Occur In A Hospital?  Inpatient  Emergency Room/Outpatient  Dead On Arrival

Facility Name \_\_\_\_\_

26. Did The Death Occur Somewhere Other Than A Hospital?

Nursing Home/ Assisted Living     Decedent's Home     Other (Specify) \_\_\_\_\_

Facility Name \_\_\_\_\_

(If Outside A Facility, Give Street Address Of Location) \_\_\_\_\_

27. What Is The Method Of Disposition?

Burial  
 Cremation  
 Donation

Removal From State  
 Entombment

Other  
(Specify) \_\_\_\_\_

28. Date Of Disposition \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

29. Place Of Disposition (Name Of Cemetery, Crematory Or Other Place)

\_\_\_\_\_

30. Location Of Disposition

State \_\_\_\_\_

City \_\_\_\_\_