

Death Certificate Information - PLEASE PRINT CLEARLY

Legal Name _____
first middle last

Social Security Number _____ - _____ - _____ Ever in U.S. Military ☐ Yes ☐ No

Date of Birth _____ City and State of Birth _____

Residence address _____ City _____ State _____

County _____ Zip _____ Within city limits: ☐ Yes ☐ No ~ Years at residence _____

Marital Status - check one: ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced
☐ Never Married ☐ unknown

Spouse's Name _____
first middle last (*maiden name if wife*)

Father's Name and place of birth

first middle last city and state of birth

Mother's Name with last name prior to first marriage and place of birth

first middle last city and state of birth

Usual Occupation _____ Industry _____
(*Work done during most of life, not retired*) (yrs. worked)

Education Level - check one

- ☐ 8th grade or less
☐ 9th-12th grade; no diploma
☐ High school graduate
☐ Some college credit; no diploma
☐ Associate degree
☐ Bachelor's degree
☐ Master's degree
☐ Doctorate; PhD, EdD, MD

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Of Hispanic Origin ☐ Yes ☐ No

Specify:

☐ Mexican ☐ Puerto Rican

☐ Cuban ☐ Other

Specify _____

Decedent's Race - check one

- ☐ White
☐ Black or African American
☐ American Indian - Name Tribe _____
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Vietnamese
☐ Other Asian - Specify _____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander - Specify _____
☐ Other - Specify _____

Informant or Next of Kin

Full Name _____
first middle last relationship

Mailing address _____
street number or P.O. box city state zip

Date Completed _____ Phone Number(s) _____