



**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 \_\_\_\_\_ 7.) Social Security # \_\_\_\_\_  
City & State or Foreign Country

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:**

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