

Death Certificate Information Form - PLEASE PRINT CLEARLY

Legal Name \_\_\_\_\_  
first middle last

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sex  Male  Female 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 ~ Year moved to residence \_\_\_\_\_

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

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

Spouse's Name \_\_\_\_\_  
first middle last (maiden name if wife)

Education Level - check one  
\_\_ 8<sup>th</sup> grade or less  
\_\_ 9<sup>th</sup>-12<sup>th</sup> grade; no diploma  
\_\_ High school graduate  
\_\_ Some college credit; no diploma  
\_\_ Associate degree  
\_\_ Bachelor's degree  
\_\_ Master's degree  
\_\_ Doctorate; PhD, EdD, MD

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 \_\_\_\_\_

Of Hispanic Origin  Yes  No  
Specify:  
\_\_ Mexican \_\_ Puerto Rican  
\_\_ Cuban \_\_ Other  
Specify \_\_\_\_\_

Father's Name and place of birth  
\_\_\_\_\_  
first middle last city and state of birth

Mother's Name with maiden name prior to first marriage and place of birth  
\_\_\_\_\_  
first middle maiden last name city and state of birth

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) \_\_\_\_\_  
(Death Certificate Information Form 5.2.F7 Version 02/01/2017) home cell