

DEATH CERTIFICATE FORM (PLEASE PRINT OR TYPE)

Full Name of Deceased _____
first middle "maiden" last

Date of Death _____ **Time of Death** _____ **Date of Birth** _____

Age _____ **Birthplace** _____ **SSNumber of Deceased** _____
City & State or Foreign Country

Place & Address of death _____

City _____ **County** _____ **State** _____ **Zip** _____

Served Active Duty Military YES / NO **Branch of service** _____ **Discharge Papers (DD214)** _____

DISCHARGE PAPER (DD214) ** REQUIRED BEFORE SERVICES TO HAVE MILITARY HONORS, ACQUIRE A FLAG, HEADSTONE, OR OTHER BENEFITS**
 YES / NO

Usual occupation (BEFORE RETIREMENT) _____ **Business/Industry(NOT Company)** _____

Marital Status 1. Never married 2. Married 3. Widowed 4. Divorced 5. Married, but LEGALLY separated 6. Unknown

Name of Spouse (INCLUDE MAIDEN NAME) _____ **SSNumber** _____

Address _____ **City** _____ **State** _____ **Phone Number** _____

Spouse surviving? YES / NO If not, **Date of Death** _____ **Place and Date of Marriage** _____

Residence address _____ **Apt. #** _____ **Inside city limits? YES / NO**

City _____ **County** _____ **State** _____ **Zip** _____

Father's Full Name _____

Mother's Full Name (INCLUDE MAIDEN NAME) _____

Informant/Responsible Party _____ **Relationship to Deceased** _____

Cell Ph# _____ **Hm Ph#** _____ **Email:** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Attending Physician _____ **Date Last Seen** _____ **Phone No.** _____

Decedent of Hispanic origin? YES / NO

(If yes, choose the one that best describes whether the decedent is Spanish/Hispanic/Latino)

1. Yes, Mexican, Mexican American, Chicano
2. Yes, Cuban
3. Yes, Puerto Rican
4. Yes, other Spanish/Hispanic/Latino (specify) _____

Decedent's Race

1. White
2. Black or African American
3. American Indian or Alaska Native (name of tribe) _____
4. Chinese
5. Japanese
6. Native Hawaiian
7. Filipino
8. Other Asian (specify) _____
10. Asian Indian
11. Korean
12. Samoan
13. Vietnamese
14. Guamanian or Chamorro
15. Other Pacific Islander (specify) _____
00. Other (specify) _____

Decedent's Education

1. 8th grade or less
2. 9th-12th grade; no diploma
3. High School graduate or GED completed
4. Some college credit, but no degree
5. Associate degree (e.g. AA, AS)
6. Bachelor's degree (e.g. BA, AB, BS)
7. Master's degree (e.g. MA, MS, Meng, Med, MSW, MBA)
8. Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

Signature of Informant/Responsible Party: _____ **Date** _____

To the best of my knowledge, the above information is correct and accurate.