

NON-MEDICAL STATISTICAL INFORMATION REQUIRED TO COMPLETED DEATH CERTIFICATE

NAME OF DECEDENT – FIRST (GIVEN)			MIDDLE NAME			LAST NAME (FAMILY)		
AKA, ALSO KNOWN AS-INCLUDE FULL AKA (FIRST, MIDDLE, LAST)				DATE OF BIRTH MM/DD/CCYY			AGE YRS.	
SEX	DATE OF DEATH	HOUR(24 HOURS)	BIRTH STATE/FOREIGN COUNTRY	SOCIAL SECURITY NUMBER		EVER IN U.S. ARMED FORCES?		
MARITAL STATUS-CHECK ONE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> UNKNOWN <input type="checkbox"/> CA.REG. D.PARTNER								
LEVEL OF EDUCATION <input type="checkbox"/> 0-DID NOT COMPLETE ONE YEAR <input type="checkbox"/> GRADES 1-11 _____ GRADE <input type="checkbox"/> H.S. DIPLOMA/GED <input type="checkbox"/> SOME COLLEGE (NO DEGREE) <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTORATE								
WAS DECEDENT SPANISH/HISPANIC/LATINO <input type="checkbox"/> YES _____ <input type="checkbox"/> NO				DECEDENT'S RACE – UP TO 3 RACES MAY BE LISTED				
USUAL OCCUPATION – TYPE OF WORK FOR MOST LIFE (DO NOT USE RETIRED)				BUSINESS/INDUSTRY			YEARS IN OCCUPATION	
DECEDENT'S RESIDENCE (STREET AND NUMBER OR LOCATION)				CITY		COUNTY/PROVINCE		ZIP CODE
YEARS IN COUNTY	STATE/FOREIGN COUNTY		NAME RELATIONSHIP/INFORMANT			MAILING ADDRESS AND TELEPHONE NUMBER		
NAME OF SURVIVING SPOUSE-FIRST			MIDDLE NAME		LAST NAME (MAIDEN)			
NAME OF FATHER – FIRST			MIDDLE NAME		LAST NAME		BIRTH STATE	
NAME OF MOTHER – FIRST			MIDDLE NAME		LAST NAME (MAIDEN)		BIRTH STATE	
FINAL DISPOSITION (CHECK ONE) <input type="checkbox"/> BURIAL AT CEMETERY <input type="checkbox"/> KEEP AT RESIDENCE <input type="checkbox"/> SCATTER AT SEA BY MORTUARY								
ADDRESS OF CEMETERY/RESIDENCE _____								
I HAVE PROOF READ AND AGREE THAT ALL INFORMATION IS CORRECT SIGNATURE _____ DATE ____/____/____ NUMBER OF CERTIFIED COPIES: FAMILY _____ INSURANCE _____ COUNSELOR _____ CORONER'S NO: _____ DAY OF SERVICE _____ DATE OF SERVICE _____ TIME OF SERVICE _____ LOCATION: _____ ADDRESS OF SERVICE _____ CITY _____ STATE _____ ZIP _____ PLACE OF DISPOSITION _____ LIMO P/U _____ HEARSE _____ ESCORTS _____ # _____ FLOWERS _____ CASKET _____ REGISTER BOOK GIVEN DURING _____ PROGRAMS _____ THANK YOU CARDS _____ MUSICIAN _____ VIEWING LOCATION _____ VIEWING TIME _____ PERSON TO APPROVE BODY _____ DOCTOR INFORMATION: NAME _____ PHONE: (____) _____ - _____ FAX (____) _____ - _____ NOTES _____ HAIR _____ NAIL POLISH _____ LIPSTICK _____ MUSTAGE/FACE _____ PHOTO _____					INFORMANT NAME: _____ ADDRESS: _____ _____ PHONE NUMBER: _____ RELATIONSHIP: _____			