



LEGAL NAME		First	Middle	Last	Suffix	Sex (Male / Female)	
Birthdate	Birthplace - City		Birthplace - State	Age - Last birthday	Was decedent in U.S. Armed Forces? Yes/No/Unk		SSA Number
Decedent's Education -(Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less (specify) <input type="checkbox"/> 9th - 12th grade no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (eg AA, AS) <input type="checkbox"/> Bachelor's degree (eg BA, AB, BS) <input type="checkbox"/> Masters degree (eg MA, MS, Meng, Med, MSW, MBA) <input type="checkbox"/> Doctorate (eg PhD EdD) or Prof degr.(MD, DDS, DVM, JD)			Was Decedent of Hispanic Origin? <input type="checkbox"/> No, not Spanish - Hispanic - Latino <input type="checkbox"/> Yes, Mexican, Mexican Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish-Hispanic-Latino (Specify):		Decedent's Race (Check one of more races to indicate what the decedent considered himself or herself to be.) confirm on box below <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify):		
Date of death	Time of death		If death occurred somewhere other than in a Hosp. <input type="checkbox"/> Hospice facility <input type="checkbox"/> Other: <input type="checkbox"/> Decedent's home <input type="checkbox"/> Nursing home/long term care facility				
Place of Death(if in hospital) <input type="checkbox"/> Inpatient <input type="checkbox"/> Emrg room/outpatient <input type="checkbox"/> Dead on arrival		Facility Name (if not a facility, give # & Street)		Specify: Town of death		Zip code of death	
Marital Status-Never Married Married, Unknown, Widowed Divorced, Married but separated		Surviving Spouse (if wife, give maiden name)		Usual Occupation (Give kind of work done during most of working life. Do not use Retired)		Kind of business/industry (Do not use Company Name)	
Decedent's Residence - # & Street		City/Town		Inside City Limits-Y/N/Unk	County	Length of Res.	State or Country Zip Code + 4
Father's Name - First, Middle, Last			Suffix	Mother's name - First, Middle, Last (Maiden)			
Informant - Name	Relationship	Address		Street or Rfd No	City or Town	State	Zip Code + 4
Burial, Cremation, Removal from State, Entombment, Other			Cemetery / Crematory - Name			Location - City/Town, State	

I REQUIRE _____ DEATH CERTIFICATE(S).

Signed on:

I, **X** _____, CERTIFY THAT THIS INFORMATION IS CORRECT AND UNDERSTAND THAT IF THE INFORMATION GIVEN IS INCORRECT I WILL BE CHARGED BY THE COUNTY FOR THEIR CORRECTION(S), WITH AN ADDITIONAL \$45.00 ADMINISTRATIVE FEE.

DEATH CERTIFICATES CAN TAKE UP TO 10 BUSINESS DAYS TO BE PROCESSED. PERSONAL ALTERNATIVE IS AT THE LIBERTY OF DOCTORS AND VITAL STATISTICS.

WE UNDERSTAND THE IMPORTANCE OF DEATH CERTIFICATES AND WILL DELIVER THEM AS QUICKLY AS POSSIBLE.