

# Death Certificate

Next of Kin/Informant Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## Personal Record

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_ | \_\_\_\_ Male \_\_\_\_ Female

Race (Check all that apply):

- Caucasian  African American  American Indian or  Alaska Native - Name of Tribe: \_\_\_\_\_  
Hispanic:  Mexican  Mexican/American  Chicano  Puerto Rican  Cuban Asian:  Chinese  Filipino  Japanese  
 Korean  Vietnamese Guamanian:  Chamaorro  Samoan

City & State of Death \_\_\_\_\_ County of Death: \_\_\_\_\_ Inside City Limits: \_\_ Yes \_\_ No

Place of Death (Hospital, Hospice, Inpatient, ER, DOA, At Home, etc.): \_\_\_\_\_

Name of Hospital or Other Facility Where Death Occurred: \_\_\_\_\_

Address of Hospital or Other Facility Where Death Occurred: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_ - \_\_\_\_

Marital Status: \_\_ Single | \_\_ Married | \_\_ Separated | \_\_ Divorced | \_\_ Widowed | \_\_ Never Married | \_\_ Unknown

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_ County of Birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Maiden Name \_\_\_\_\_

Marriage Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Marriage Place \_\_\_\_\_ Spouse Death Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Prior Spouse \_\_\_\_\_ Maiden Name \_\_\_\_\_

Marriage Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Marriage Place \_\_\_\_\_ Spouse Death Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_ Mother's DOD \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's Name: \_\_\_\_\_ Father's DOD \_\_\_\_/\_\_\_\_/\_\_\_\_

## Personal History

Occupation: \_\_\_\_\_ Industry: \_\_\_\_\_ Number of Years in Occupation: \_\_\_\_\_

Employer/Company Name \_\_\_\_\_ Employer City & State: \_\_\_\_\_

Education: School (# of years 0-12) \_\_\_\_ College (# of years) \_\_\_\_

Elementary School Name, City & State: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Middle School Name, City & State: \_\_\_\_\_ Years Attended: \_\_\_\_\_

High School Name, City & State: \_\_\_\_\_ Years Attended: \_\_\_\_\_

College Name City & State: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Degree(s): Check all that apply:  Associate  B.A.  B.S.  MBA  M.A.  M.S.  PhD.  DSW  M.D.  DDS  DMD  
 J.D.  LL.M  S.J.D. Other \_\_\_\_\_

Field(s) of Study: \_\_\_\_\_

Military Branch \_\_\_\_\_ Rank \_\_\_\_\_ Serial Number \_\_\_\_\_ War/Conflict \_\_\_\_\_

Enlist. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Place \_\_\_\_\_ Discharge Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Place \_\_\_\_\_

Decorations \_\_\_\_\_ American Flag: Draped \_\_\_\_ Folded \_\_\_\_\_

Religion \_\_\_\_\_ Place of Worship \_\_\_\_\_

Organizations/Memberships \_\_\_\_\_

Other: \_\_\_\_\_