

North Carolina Death Certificate Information

Print Legibly

Complete items 1a-19c - Review information for accuracy before submitting

DECEDENT		DECEDENT'S LEGAL NAME		1c. LAST		1d. SUFFIX (Males Only)		1e. LAST NAME PRIOR TO FIRST MARRIAGE (Females Only)	
TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK	1a. FIRST	1b. MIDDLE	1c. LAST		1d. SUFFIX (Males Only)		1e. LAST NAME PRIOR TO FIRST MARRIAGE (Females Only)		6. DATE OF DEATH (Month/Day/Year)
	aka	aka	aka						
NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)	2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR	3c. UNDER 1 DAY	4. DATE OF BIRTH (Month/Day/Year)		5. BIRTHPLACE (County/State or Foreign Country)		7e. COUNTY OF DEATH
	aka	Months	Days	Hours	Minutes				
PLACE OF DEATH (Check only one)	7a. IF DEATH OCCURRED IN A HOSPITAL		7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL		7c. FACILITY NAME (if not institution, give street and number)		7d. CITY OR TOWN		7e. COUNTY OF DEATH
	<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		<input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)						
8. MARITAL STATUS	<input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE (if wife, give name prior to first marriage)		10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)		10b. KIND OF BUSINESS/INDUSTRY		13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No
12d. STREET AND NUMBER	11. SOCIAL SECURITY NUMBER		12a. RESIDENCE-STATE OR FOREIGN COUNTRY		12b. COUNTY		12c. CITY OR TOWN		12e. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No
14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)	15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)		16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)		17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <u>Maiden Name</u>		19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
	<input type="checkbox"/> 8th grade or less <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 (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		<input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese		<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify)		
DISPOSITION	19a. INFORMANT'S NAME		19b. RELATIONSHIP TO DECEDENT		20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		20c. LOCATION (City or Town and State)
22. NAME AND ADDRESS OF FUNERAL HOME	21a. SIGNATURE OF FUNERAL DIRECTOR		21b. LICENSE NUMBER		21c. NAME OF EMBALMER		21d. LICENSE NUMBER		