

# Death Certificate Information

\*PLEASE PRINT LEGIBLY\*

Decedent's Legal Name \_\_\_\_\_ Age \_\_\_\_\_

Decedent's Maiden Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_  Male  Female

Place of Birth (County & State) \_\_\_\_\_

Place of Death \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

Marital Status:  Married  Married but Separated  Widowed  Divorced  Never Married

Surviving Spouse (**if wife give maiden name**) \_\_\_\_\_

Decedents Usual Occupation (**Do not use Retired**) \_\_\_\_\_

Kind of Business \_\_\_\_\_

Social Security Number \_\_\_\_\_ Veteran  Yes  No

Residential Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_ Within the City Limits  Yes  No

Education (last grade Completed or Degree completed) \_\_\_\_\_

Decedent of Hispanic Origin (if yes please specify) \_\_\_\_\_

Decedent's Race (Can be more than one) \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name with **Maiden Name** \_\_\_\_\_

Informant's Name \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_

Informant's Mailing Address \_\_\_\_\_

Method of Disposition:

Burial  Cremation  Removal from State  Donation  Entombment

Other (Please Specify) \_\_\_\_\_

*Being the informant/legal next of kin of the above decedent, I have reviewed the contents of this form and found it to be correct to the best of my knowledge and belief. I understand if any corrections must be made after the death certificate has been filed, I take full financial responsibility for the cost of obtaining replacement certified death certificates.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_