



Death Certificate Information Form - PLEASE PRINT CLEARLY

Legal Name \_\_\_\_\_ first \_\_\_\_\_ middle \_\_\_\_\_ last \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex  Male  Female Ever in U.S. Military  Yes  No

Date of Birth \_\_\_\_\_ City and State of Birth \_\_\_\_\_

Residence address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip \_\_\_\_\_ Within city limits:  Yes  No ~ Year moved to residence \_\_\_\_\_

Did decedent live in \_\_\_\_\_ Township or within limits of a \_\_\_\_\_ (city/boro)

Usual Occupation \_\_\_\_\_ Industry \_\_\_\_\_ (Work done during most of life, not retired) (Years worked)

Marital Status - check one:  Married  Married, but separated  Widowed  Divorced  Never Married

Spouse's Name \_\_\_\_\_ first \_\_\_\_\_ middle \_\_\_\_\_ last (maiden name if wife)

- Education Level - check one
 8th grade or less
 9th-12th grade; no diploma
 High school graduate or GED
 Some college credit; no diploma
 Associate degree
 Bachelor's degree
 Master's degree
 Doctorate; PhD, EdD, MD

- Decedent's Race (check one or more to indicate what the decedent considered him or herself to be)
 White
 Black or African American
 American Indian - Name Tribe \_\_\_\_\_
 Asian Indian
 Chinese
 Filipino
 Japanese
 Vietnamese
 Other Asian - Specify \_\_\_\_\_
 Native Hawaiian
 Guamanian or Chamorro
 Samoan
 Other Pacific Islander - Specify \_\_\_\_\_
 Other - Specify \_\_\_\_\_

Of Hispanic Origin  Yes  No
Specify:
 Mexican  Puerto Rican
 Cuban  Other

Father's Name and place of birth
\_\_\_\_\_ first \_\_\_\_\_ middle \_\_\_\_\_ last \_\_\_\_\_ city and state of birth

Mother's Name with maiden name prior to first marriage and place of birth
\_\_\_\_\_ first \_\_\_\_\_ middle \_\_\_\_\_ maiden last name \_\_\_\_\_ city and state of birth

Informant or Next of Kin

Full Name \_\_\_\_\_ first \_\_\_\_\_ middle \_\_\_\_\_ last \_\_\_\_\_ relationship \_\_\_\_\_

Mailing address \_\_\_\_\_ street number or P.O. box \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Date Completed \_\_\_\_\_ Phone Number(s) \_\_\_\_\_ home \_\_\_\_\_ cell \_\_\_\_\_