INFORMATION SHEET FOR DEATH CERTIFICATE

The following information will be asked of the decedent's family in order to complete the death certificate:

1. Decedent's name: _____
(Best to use full legal name, including full middle name)

2. SEX: Male or Female 3. Date of Death: _____
(e.g. February 3, 2004)

4. SS# _____-_____-_____ 5. Age last birthday: _____ Years

6. Date/Birth: _____ 7. Place/Birth _____
(e.g. February 3, 1944) (e.g. Fremont, NE)

8. Was decedent ever in Armed Forces: Yes or No

9. Place of death: Hospital Nursing home Residence Other

9b. Facility Name: _____

9c. City of Death:_____ 9d. County of death:_____

10a. Decedent's Usual Occupation: _____

10b. Kind of Business/Industry: _____

11. Marital Status: Married Never Married Divorced Widower

12. Spouse (wife-given Maiden Name): _____

13. Residence State: _____ County: _____ City: _____

13d. Street and Address: _____

13e. Inside City Limits: Y N 13f: Zip Code: _____

14. Was decedent Hispanic: Y N If Y, Mex Cuba P.R. Or _____

15. Race: _____ 16. Decedent's Education: Years: _____

17. Father's Name F,M,L: _____

18. Mother's Maiden Name F,M,L: _____

19: Informant name/Relationship: _____

Other information is typically supplied by the Funeral Home or Crematory, or by the Doctor/Coroner.

Provided as a Courtesy by Stewart W. Fleisher, Attorney at Law,
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