

Internal worksheet only — not the official state filing form. Type entries. Checkboxes accept a check mark.

1-7 DECEDENT

First name Middle Last name Suffix

2. Sex 3. Date of death (Mo / Day / Yr) 6. Date of birth (Mo / Day / Yr) 7. Social Security number

4. City and state / territory, or foreign country of birth 5a. Age (yrs) 5b Mos Days 5c Hrs Mins

8 PLACE OF DEATH

Hospital ☐ Inpatient ☐ ER / Outpatient ☐ DOA

Other ☐ Nursing home / LTC ☐ Hospice ☐ Decedent's home ☐ Other

If other, specify 8b. Facility name (if not institution, give street and number)

8c. City or town of death (include ZIP) 8d. County of death

9 DECEDENT'S RESIDENCE

9d. Street and number 9e. Apt. no. 9f. ZIP

9c. City or town 9b. County 9a. State 9g. Inside city limits?
☐ Yes ☐ No

10-14 FAMILY AND INFORMANT

10a. Marital status at time of death

☐ Married ☐ Never married ☐ Married, separated

☐ Widowed ☐ Divorced ☐ Unknown

10b. Name of spouse (first, middle, last, suffix) — if wife, give maiden name

11. Father's name (first, middle, last, suffix) 12. Mother's name (first, middle, maiden surname)

13. Ever in U.S. Armed Forces? ☐ Yes ☐ No

14a. Informant name 14b. Relationship

15-17 DISPOSITION AND FUNERAL HOME

15. Method of disposition

☐ Burial ☐ Donation ☐ Cremation ☐ Entombment ☐ Removal ☐ Other

Date of burial / cremation

16d. Cemetery, crematory, or other location City / town State

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17 FUNERAL HOME

17a. Funeral home name and mailing address (street, city or town, state)

17b. ZIP

51 DECEDENT'S EDUCATION — HIGHEST DEGREE OR LEVEL COMPLETED AT TIME OF DEATH

- | | |
|---|---|
| ☐ 8th grade or less | ☐ Bachelor's degree (BA, AB, BS) |
| ☐ 9th–12th grade, no diploma | ☐ Master's degree (MA, MS, MEng, Med, MSW, MBA) |
| ☐ High school graduate or GED | ☐ Doctorate / professional (PhD, EdD, MD, DDS, DVM, LLB, JD) |
| ☐ Some college credit, no degree | ☐ Unobtainable |
| ☐ Associate degree (AA, AS) | |

52 HISPANIC ORIGIN — CHECK ONE

- | | |
|--|---|
| ☐ No, not Spanish / Hispanic / Latino | ☐ Yes, Cuban |
| ☐ Yes, Mexican, Mexican American, Chicano | ☐ Yes, other Spanish / Hispanic / Latino |
| ☐ Yes, Puerto Rican | ☐ Unobtainable |

If other Hispanic origin, specify

53 RACE — CHECK ONE OR MORE

- | | |
|---|---|
| ☐ White | ☐ Vietnamese |
| ☐ Black or African American | ☐ Other Asian |
| ☐ American Indian or Alaska Native | ☐ Native Hawaiian |
| ☐ Asian Indian | ☐ Guamanian or Chamorro |
| ☐ Chinese | ☐ Samoan |
| ☐ Filipino | ☐ Other Pacific Islander |
| ☐ Japanese | ☐ Other |
| ☐ Korean | ☐ Unobtainable |

If American Indian / Alaska Native — enrolled or principal tribe

If other Asian — specify

If other Pacific Islander — specify

If other race — specify

54–55 OCCUPATION AND INDUSTRY

54. Usual occupation (type of work during most of working life — do not use “Retired”)

55. Kind of business or industry

CERTIFIED COPIES AND NOTES

How many certified copies? (\$16 each — confirm fee)

Notes (pending investigation, veteran, mailing, etc.)