



Date of death: _____

Time of death: _____

Place of death: _____

Information Required for Death Certificate

Full Legal Name: _____

(First)

(Middle)

(Last)

Other Names (AKAs): _____

(First)

(Middle)

(Last)

Date of Birth: _____

(Month)

(Date)

(Year)

Birthplace: _____

(City)

(County)

(State or Country)

Marital Status: ☐ Single ☐ Never Married ☐ Married ☐ Widowed ☐ Divorced ☐ Registered Domestic Partner

**Name of spouse or
Domestic partner:** _____

(First)

(Middle)

(Last)

Father's Name: _____

(First)

(Middle)

(Last)

Mother's Maiden Name: _____

(Before first marriage)

(First)

(Middle)

(Last)

Gender Identity: ☐ Male ☐ Female ☐ Transgender ☐ Non-Binary **Served in US Armed Forces?** ☐ Yes ☐ No

Social Security #: _____ - _____ - _____

Race(s) (List all that apply): _____

Hispanic

Ethnicity: ☐ No ☐ Yes ☐ Mexican, Mexican American, Chicano ☐ Puerto Rican ☐ Cuban ☐ Other: _____

Residence: _____

(Street Address, Apt #)

(City)

(State)

(Zip)

Resided at this address since: _____

(Year)

Residence inside city limits? ☐ Yes ☐ No ☐ Unknown

Education completed (highest degree earned): ☐ 8th Grade or less ☐ 9th-12th grade; no diploma ☐ High School graduate or GED completed ☐ Some college credit, no degree ☐ Associate's degree ☐ Bachelor's degree ☐ Master's degree ☐ Doctorate ☐ Unknown

Occupation (Do not use "retired," give former occupation(s)): _____

Industry (ex. "Education"; Do not use company name(s)): _____

Provider: _____

Provider #: _____

Follow-up Contact: _____

Name

Phone #

Email