

Death Certificate Worksheet

Name of Deceased _____

Residence _____

City or Town _____ State _____ Zip Code _____

County _____

Sex _____ Date of Birth _____

Birthplace (city and state or foreign country) _____

Social Security Number _____

Marital Status (circle one) **MARRIED** **DIVORCED** **WIDOWED** **NEVER MARRIED** **UNKNOWN**
CIVIL UNION **MARRIED but SEPARATED**

Surviving Spouse's Name (in wife include maiden name) _____

Closest Relation (if not spouse) _____

Name of Next of Kin (if not spouse) _____

Mother's Maiden Name _____

Father's Name _____

Decedent's Education **Unknown** **8th grade or less** **9th-12th (no diploma)** **High School diploma/GED**
Some College, no degree **Associate's** **Bachelor's** **Master's** **Doctorate**

Ever in the U.S. Armed Serves **YES** **NO** Branch _____

Decedent's Race or Tribe _____

Hispanic Origin **NO** **YES** Specify _____

Decedent's Occupation (do not use retired) _____

Business or Industry _____

Informant's Information

Name _____

Address _____

Phone _____

Email _____