

# Death Certificate Worksheet

CASE NUMBER: \_\_\_\_\_

Name: (First) _____ (Middle) _____ (Last) _____			AKA: (First) _____ (Middle) _____ (Last) _____		
Date of Birth: _____		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Death: _____		Time of Death: _____
State or Country of Birth: _____	Social Security #: _____	Military Service: Copy Discharge Papers <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Marital Status: _____	
Highest Education/Degree _____	Spanish/Hispanic (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No		Race: (Specify) Caucasian, Black, Indian, Chinese, _____		
Occupation: (Job Performed) <i>Not Retired</i> _____		Type of Business: _____		Years in Occupation: _____	
Residence: (Physical Address) _____					
City: _____	County: _____	Zip Code: _____	Years in County: _____	State: _____	

<b>Informant:</b> Name _____		Relationship: _____	Telephone Number: _____		
Street Address: _____		City: _____	State: _____	Zip Code: _____	

<b>Surviving Spouse:</b> (First) _____ (Middle) _____ (Last - Maiden Name) _____	
Decedent's Father's Name: (First) _____ (Middle) _____ (Last) _____	State or Country of Birth: _____
Decedent's Mother's Name: (First) _____ (Middle) _____ ( <b>Maiden Name</b> ) _____	State or Country of Birth: _____

Dispo. Date _____	Place of Final Disposition: _____	Telephone Number: _____
Cemetery Address or Disposition Location _____		City: _____ State: _____ Zip Code: _____
Embalming: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Embalmer _____	Embalmers License #: _____ Permission to Sign Granted <input type="checkbox"/> _____

Place of Death _____		IP ER/OP DOA _____	Hospice Nursing/LTC Decedents Home Other: _____	Telephone: _____
County _____	Facility Address _____		City _____	

Coroner's Office: _____
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Physician: _____	Telephone Number: _____	FAX Number: _____	Medical Number: (Kaiser #): _____
Street Address: _____		City: _____	State: _____ Zip Code: _____

**I have reviewed the above information and verify that is accurate and correct.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_