

Funeral Home Worksheet for Death Registration

This information will be used to complete the official death certificate form. This worksheet is not to be forwarded to the Office of Vital Statistics.

1. DECEDENT'S LEGAL NAME (First, Middle, Last)					2. SEX		3. DATE OF DEATH (Month, Day, Year)		
4. SOCIAL SECURITY NUMBER		5. DATE OF BIRTH (Month, Day, Year)		6a. AGE-Last Birthday (Years)	6b. UNDER 1 YEAR Months Days	6c. UNDER 1 DAY Hours Minutes		7. PLACE OF BIRTH (City and State or Foreign Country)	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		9a. PLACE OF DEATH (Check only one)							
		HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> DOA <input type="checkbox"/> ER/Outpatient		<input type="checkbox"/> Nursing Home		<input type="checkbox"/> Hospice Facility		<input type="checkbox"/> Assisted Living Facility	
				<input type="checkbox"/> Decedent's Residence		<input type="checkbox"/> Other (Specify) _____			
9b. FACILITY NAME (If not institution, give street and number)			*9e. COUNTY OF DEATH			*9c. CITY OR TOWN OF DEATH		9d. ZIP CODE	
10. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown					11. SURVIVING SPOUSE (If wife, give name before first marriage)				
*12d. STREET ADDRESS & APARTMENT NO.					*12a. RESIDENCE-STATE				
*12b. COUNTY			*12c. CITY or TOWN			12e. ZIP CODE		12f. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. FATHER'S NAME (First, Middle, Last)				14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)					
15a. INFORMANT'S NAME (First, Middle, Last)			15b. MAILING ADDRESS (Street and Number, City, State, Zip Code)				15c. RELATIONSHIP TO DECEDENT		
16. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify) _____									
30. ANCESTRY-What is this person's ancestry or ethnic origin? Italian, German, Dominican, Vietnamese, Hmong, French Canadian, etc. (Specify below)			32. RACE (Check one or more boxes to indicate what race(s) the decedent considered himself or herself to be.)			33. EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.)			
31. HISPANIC ORIGIN (Check the box or boxes that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "no" box if the decedent is not Spanish/Hispanic/Latino)			<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribes) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Unknown			<input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th - 12 th grade; no diploma <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some College credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown			
						34. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most working life. Do not use retired.)			
						35. KIND OF BUSINESS/INDUSTRY (Do not give name of company.)			

* Numbers will correlate with numbers on original certificate.