



Death Certificate Information Work Sheet				
<b>DECEDENT NAME</b> (First)                      (Middle)                      (Last)			<b>SEX</b>	<b>DATE OF DEATH</b> (month, day, year)
<b>SOCIAL SECURITY NUMBER</b>	<b>AGE</b> (years)	<b>DATE OF BIRTH</b> (month, day, year)	<b>BIRTHPLACE</b> (city and state or country)	
<b>MARITAL STATUS</b>	<b>SURVIVING SPOUSE</b> (if wife, give maiden name)	<b>USUAL OCCUPATION</b> <i>Do not use Retired</i>	<b>KIND OF BUSINESS OR INDUSTRY</b>	
RESIDENCE OF DECEASED				
<b>STATE</b>	<b>COUNTY</b>	<b>CITY/TOWN OR</b>	<b>STREET AND NUMBER</b>	<b>ZIP CODE</b>
<b>INSIDE LIMITS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>WAS DECEDENT OF HISPANIC</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, specify Cuban, Mexican, Puerto Rican, Specify:	<b>WAS DECEASED IN ARMED FORCES?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>DECEDENT'S EDUCATION</b> (specify <u>only</u> highest grade completed)	
<b>FATHER</b> (full name)	<b>BIRTHPLACE</b> (state or country)	<b>MOTHER</b> (full <i>maiden</i> name)	<b>BIRTHPLACE</b> (state or country)	
<b>Your Name</b>			<b>Your Address</b>	