

PLEASE COMPLETE 1-23B. NOTATE THE NUMBER OF DEATH CERTIFICATES AND SIGN WHERE HIGHLIGHTED.

1. DECEDENT'S NAME (First, Middle, Last, Suffix)						2. SEX		
3. DATE OF BIRTH (Month, Day, Year)		4a. AGE-last birthday (Years)	4b. LINDER 1 YEAR Months Days		4c. LINDER 1 DAY Hours Minutes		5. DATE OF DEATH (Month, Day, Year)	
6. SOCIAL SECURITY NUMBER		7. BIRTHPLACE (City and State or Foreign Country)			8. COUNTY OF DEATH		32. TIME OF DEATH (24 hr.)	
9. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival (Check only one) NON-HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)								
10. FACILITY NAME (If not institution, give street address)					11a. CITY, TOWN, OR LOCATION OF DEATH		11b. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. MARITAL STATUS (Specify) <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married					13. SURVIVING SPOUSE (If wife, give maiden name)			
14a. RESIDENCE - STATE		14b. COUNTY		14c. CITY, TOWN, OR LOCATION				
14d. STREET ADDRESS					14e. APT. NO.	14f. ZIP CODE	14g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired"					15b. KIND OF BUSINESS/INDUSTRY			
16. DECEDENT'S RACE (Specify race/races to indicate what the decedent considered himself/herself to be. More than one race may be specified.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (specify tribe) <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 Isl. (Specify) <input type="checkbox"/> Other (Specify)								
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? <input type="checkbox"/> Yes (If Yes, Specify) <input type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American (Specify if decedent was of Hispanic or Haitian origin.) <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian								
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate							19. WAS THE DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. FATHER'S NAME (First, Middle, Last, Suffix)					21. MOTHER'S NAME (First, Middle, Maiden Surname)			
22a. INFORMANT'S NAME					22b. RELATIONSHIP TO DECEDENT		23a. INFORMANT'S MAILING - STATE	
23b. CITY OR TOWN			23c. STREET ADDRESS				23d. ZIP CODE	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)				25a. LOCATION - STATE		25b. LOCATION - CITY OR TOWN		
26a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)								
34b. CERTIFIER'S NAME								
36a. CERTIFIER'S - FULL ADDRESS						36b. CERTIFIER'S - PHONE NUMBER		
# OF DEATH CERTIFICATES: _____ WITH CAUSE _____ WITHOUT CAUSE						DC DISPOSITION		
Signature: _____								