

Death Certificate Vitals Worksheet

WARNING: It is critical that you provide **accurate information** that matches legal records. Any incorrect, misspelled, illegible, or unofficial answer will invalidate the Death Certificate. If any answer is impossible to obtain, write "UNKNOWN." Please **type your answers**, if possible. If not, please **write VERY clearly in all capital letters**. All questions must be answered, N/A is not acceptable.

Legal Name:

--	--	--

First Middle Last

Maiden/Alias Name (if Applicable):

--	--	--

Sex: M F

Birthdate:

M	M	/	D	D	/	Y	Y	Y	Y

Birthplace:

--	--	--	--

City & State, or Country

SSN:

--	--	--	--	--	--	--	--	--	--

Residence State:

Since:

Y	Y	Y	Y
---	---	---	---

County:

--	--	--	--

Current Address:

--	--	--	--

City & State

--	--	--	--

Inside City Limits? Y N

Zip Code

--	--

Marital Status:

Never Married Married Divorced Widowed Other: _____

Spouse's Name:

--	--	--	--

First

Middle

Last

(Maiden In Parentheses)

Race:

White/Caucasian African American Hispanic Asian Native American Pacific Islander
 Other: _____

Father's Name:

--	--	--	--

Ancestry:

--	--	--	--

Mother's Name:

(Maiden in Parentheses)

Ancestry:

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Education Level:

Grade School [Grade Level: _____] GED High School Some College Associate's
 Bachelor's Master's Doctorate Professional Unknown

Usual Occupation: _____

(retired/disabled is not an occupation)

Industry: _____

Military Service: Y N

Branch: _____ **Discharge Papers:** _____

(Please send copy of

of Certified Death

Certificates requested: _____

Person Completing Form: _____

Relationship to Deceased: _____

Mailing Address: _____

Phone Number: _____

Today's Date: _____