Funeral Home Worksheet for Death Registration

This information will be used to	o complete the officia	al death certifi	cate forn	n. This wo	rksheet i	s not to b	e forwa	rded to th	e Office o	f Vital St	atistics.	
1. DECEDENT'S LEGAL NAME (First, Middle, Last) 2. SEX 3. DATE OF DEATH (Month, Day, Year)										ATH (Month, Day, Year)		
4. SOCIAL SECURITY NUMBER	5. DATE OF BIRTH (Month, Day, Year)	6a. AGE-Last (Years)	6a. AGE-Last Birthday (Years)		R 1 YEAR Days	6c. UNDE Hours	R 1 DAY		E OF BIRTH	H (City and	State or Foreign Country)	
8. WAS DECEDENT EVER IN		9a. PLACE OF DEATH (Check only one)										
U.S. ARMED FORCES?	HOSPITAL 🗖 Inpatier							Hospice Facility Assisted Living Facility				
		t/Outpatient					□ Other (Specify)					
🗖 Yes 🗖 No 🗖 Unknown												
9b. FACILITY NAME (If not institution,	*9e.	*9e. COUNTY OF DEAT			4		*9c. CITY OR TOWN OF DEA		TΗ	9d. ZIP CODE		
10. MARITAL STATUS							11. SURVIVING SPOUSE (If wife, give name before first marriage)					
Married Married, but sepa	Divorce	Divorced Never Married										
*12d. STREET ADDRESS & APARTM							*12a. RESIDENCE-STATE					
*12b. COUNTY	*12c. CITY	*12c. CITY or TOWN				12e. ZIP CODE			12f. INSIDE CITY LIMITS?			
	1)		· · · · · · · · · · · · · · · · · · ·									
13. FATHER'S NAME (First, Middle, Last) 14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)								die, Last)				
15a. INFORMANT'S NAME (First, Mid	15b. MAILING A	MAILING ADDRESS (Street and Number, City, State, Zi				p Code) 15c			15c. REL	5c. RELATIONSHIP TO DECEDENT		
16. METHOD OF DISPOSITION							I					
Burial Cremation	Removal from	State										
Donation Dentombment	Other (Specify	/)										
30. ANCESTRY-What is this person's origin? Italian, German, Dominicar Hmong, French Canadian, etc. (Sp	. 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.)						
	White					□ 8 th grade or less						
		 Black or African American American Indian or Alaska Native (Name of the enrolled or principal tribes) 					9 th - 12 th grade; no diploma					
describes whether the decedent is	□ High school graduate or GED											
Spanish/Hispanic/Latino. Check the "no" box if the decedent is not Spanish/Hispanic/Latino)							 Some College credit, but no degree Associate degree (e.g., AA, AS) 					
							 Associate degree (e.g., AA, AB) Bachelor's degree (e.g., BA, AB, BS 					
No, not Spanish/Hispanic/Latino	Asian Indian	Asian Indian					Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)					
Yes, Mexican, Mexican American, Chicano		Chinese	Chinese				Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM,					
Yes, Puerto Rican		J Filipino	Filipino					LLB, JD)				
Yes, Cuban	Japanese	· · · · · · · · · · · · · · · · · · ·										
Yes, Central American	Korean						 DECEDENT'S USUAL OCCUPATION (Give kind of work done during most working life. Do not use retired.) 					
 Yes, South American Yes, other Spanish/Hispanic/Latin 	Vietnamese	Vietnamese Other Asian (Specify)										
			specity)									
Unknown						_						
		Native Hawaii	Native Hawaiian									
		Guamanian o	Guamanian or Chamorro				35. KIND OF BUSINESS/INDUSTRY (Do not give name of company.)					
		Samoan										
		Other Pacific	slander (S	pecify)								
		Other (Cracif	d)									
		Other (Specify	/)									
		Unknown				_						
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Numbers will correlate with numbers on original certificate.