

CERTIFICATE OF DEATH WORKSHEET

DEPARTMENT OF HEALTH AND HUMAN SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. _____ LOCAL NO. _____ COUNTY OF DEATH _____ STATE FILE NO. _____

DECEDENT		DECEDENT'S LEGAL NAME											
TYPE/PRINT IN PERMANENT BLACK, BLUE- BLACK OR BLUE INK	1a. FIRST		1b. MIDDLE			1c. LAST			1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE			
	aka _____		aka _____			aka _____							
2. SEX		3a. AGE-LAST BIRTHDAY (Yrs)		3b. UNDER 1 YEAR		3c. UNDER 1 DAY		4. DATE OF BIRTH (Month/Day/Year)		5. BIRTHPLACE (County/State or Foreign Country)		6. DATE OF DEATH (Month/Day/Year)	
				Months Days		Hours Minutes							
PLACE OF DEATH (Check only one)													
7a. IF DEATH OCCURRED IN A HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA													
7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) _____													
7c. FACILITY NAME (If not institution, give street and number)													
7d. CITY OR TOWN													
7e. COUNTY OF DEATH													
8. MARITAL STATUS ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown													
9. SURVIVING SPOUSE (If wife, give name prior to first marriage)													
10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)													
10b. KIND OF BUSINESS/INDUSTRY													
11. SOCIAL SECURITY NUMBER													
12a. RESIDENCE-STATE OR FOREIGN COUNTRY													
12b. COUNTY													
12c. CITY OR TOWN													
12d. STREET AND NUMBER													
12e. INSIDE CITY LIMITS ☐ Yes ☒ No													
12f. ZIP CODE													
13. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No													
14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)													
☐ 8th grade or less													
☐ 9th - 12th grade, no diploma,													
☐ High school graduate or GED completed													
☐ Some college credit, but no degree													
☐ Associate degree (e.g. AA, AS)													
☐ Bachelor's degree (e.g. BA, AB, BS)													
☐ Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)													
☐ Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)													
15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent Spanish/Hispanic/Latino. Check the "No" box decedent is not Spanish/Hispanic/Latino)													
☐ No, not Spanish/Hispanic/Latino													
☐ Yes, Mexican, Mexican American, Chicano													
☐ Yes, Puerto Rican													
☐ Yes, Cuban													
☐ Yes, other Spanish/Hispanic/Latino (Specify) _____													
16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)													
☐ White													
☐ Black or African American													
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____													
☐ Other Asian (Specify) _____													
☐ Native Hawaiian													
☐ Guamanian or Chamorro													
☐ Samoan													
☐ Other Pacific Islander (Specify) _____													
☐ Asian Indian													
☐ Japanese													
☐ Chinese													
☐ Korean													
☐ Filipino													
☐ Vietnamese													
17. FATHER'S NAME (First, Middle, Last)													
18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)													
19a. INFORMANT'S NAME													
19b. RELATIONSHIP TO DECEDENT													
19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)													
20a. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____													
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)													
20c. LOCATION (City or Town and State)													
21a. SIGNATURE OF FUNERAL DIRECTOR													
21b. LICENSE NUMBER													
21c. NAME OF EMBALMER													
21d. LICENSE NUMBER													
22. NAME AND ADDRESS OF FUNERAL HOME													
CAMPBELL & SONS FUNERAL HOME, INC 124 W. Park Avenue Savannah, Georgia 31401													

By my/ our signature(s) below, I / we attest to the accuracy of the above information to be sent to the State Vital Records Office by this Funeral Home. Any corrections to data, or the reissue of corrected certificates may incur a cost which must be paid by the family of the deceased who requests the correction and/or new certificates.

SIGNED

SIGNED