STATE OF ILLINOIS
VITAL STATISTICS WORKSHEET

1 DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last)	2 SEX	3 DATE OF DEATH (Month/Day/Year) (Spell Month)

4 COUNTY OF DEATH	5a AGE AT LAST BIRTHDAY (Years)	5b UNDER 1 YEAR		5c UNDER 1 DAY		6 DATE OF BIRTH (Month/Day/Year)

7a CITY OR TOWN	7b HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number)

7c PLACE OF DEATH (**Check only one**: see instructions)

IF DEATH OCURRED IN A HOSPITAL	IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL
☐Inpatient ☐Emergency Room/Outpatient ☐Dead on Arrival	☐Hospice Facility ☐Nursing Home/Long-term care facility ☐Decedent's Home ☐Other (Specify): _____

8 BIRTHPLACE (City and State or Foreign country)	9 SOCIAL SECURITY NUMBER	10 MARITAL STATUS AT TIME OF DEATH	11 SURVIVING SPOUSE (If wife, give full name prior to first marriage)	12 EVER IN U.S ARMED FORCES?
		☐Married ☐Married but separated ☐Widowed ☐Divorced ☐ Never Married ☐Unknown		☐Yes ☐No

13a RESIDENCE (Street and Number)	13b APT. NO.	13c CITY OR TOWN	13D INSIDE CITY LIMITS?
			☐Yes ☐No

13e COUNTY	13f STATE	13g ZIP CODE	14 FATHER'S NAME (First, Middle, Last)	15 MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)

16a INFORMANT'S NAME	16b RELATIONSHIP	16c MAILING ADDRESS (Street and No., City or Town, State, Zip Code)

17 METHOD OF DISPOSITION: ☐Burial ☐Cremation ☐Donation ☐Entombment ☐Other (Specify): _____	18 PLACE OF DISPOSITION (Name of cemetery, crematory, other)	19 LOCATION – CITY, TOWN AND STATE	20 DATE OF DISPOSITION (Month/Day/Year)

47 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)
- ☐ Unknown

48 DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if 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)_____

49 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 Alaskan Native (Name of the enrolled or principle tribe)

_____

- ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean
- ☐ Vietnamese ☐ Other Asian (Speficy)_____
- ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan
- ☐ Other Pacific Islander (Specify)_____
- ☐ Other (Speficy) _____

50 DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED).	51 BUSINESS /INDUSTRY (Enter type of business or industry, NOT COMPANY NAME)