

Illinois Death Certificate Worksheet

Full Legal Name of Deceased _____

Sex _____ Date of Death _____ County of Death _____

Age at last birthday _____ Date of Birth _____

City of Death _____ Hospital or Institution Name _____

If a Hospital (circle one) ☐ **Inpatient** ☐ **Emergency Room** ☐ **Dead on Arrival**

If other than Hospital (circle one) ☐ **Hospice Facility** ☐ **Nursing home/Long-term care** ☐ **Residence**

Birthplace (city & state or foreign country) _____

Social Security Number _____

Marital Status (circle one) ☐ **Married** ☐ **Divorced** ☐ **Widowed** ☐ **Never Married** ☐ **Married but separated**

☐ **Unknown** ☐ **Civil Union** ☐ **Civil Union but separated** ☐ **Surviving Partner of a Civil Union**

Surviving Spouse's Name (if wife include maiden name) _____

Closest Relation (if not spouse) ☐ **Child** ☐ **Grandchild** ☐ **Sibling** ☐ **Niece** ☐ **Nephew** ☐ **Cousin** ☐ **POA Healthcare**

Name of Next of Kin (if not spouse) _____

Ever in U.S. Armed Forces (circle one) **Yes** **No** Branch _____

Residence _____

City or town _____ Inside city limits (circle one) **Yes** **No**

County of Residence _____ State _____ Zip Code _____

Father's name _____

Mother's name (include maiden name) _____

Informant's name _____ Relationship _____

Informant's Address _____

General Practitioner/Physician _____

Hospice Doctor _____

Decedent's education (circle one) ☐ **8th grade or less** ☐ **9th – 12th (no diploma)** ☐ **High School / GED**

☐ **Some college, no degree** ☐ **Associate's** ☐ **Bachelor's** ☐ **Master's** ☐ **Doctorate** ☐ **Unknown**

Hispanic Origin (circle one) ☐ **No** ☐ **Mexican / Mexican American / Chicano** ☐ **Puerto Rican**

☐ **Cuban** ☐ **Other** ☐ **(specify)** _____

Decedent's race (circle one or more) ☐ **White** ☐ **Black / African American** ☐ **Asian Indian** ☐ **Chinese** ☐ **Filipino**

☐ **Japanese** ☐ **Korean** ☐ **Vietnamese** ☐ **Other Asian (specify)** _____

☐ **Native Hawaiian** ☐ **Guamanian / Chamorro** ☐ **Samoan** ☐ **Other Pacific Islander (specify)** _____

American Indian or Alaskan Native (name of the enrolled or principle tribe) _____

Decedent's Occupation (DO NOT USE RETIRED) _____

Business / Industry (DO NOT USE COMPANY NAME) _____

Approximate Weight / Approximate Height _____

This form has been verified by _____ on _____