

DIRECTOR: _____ CASE NUMBER: _____
 INFORMANT NAME & RELATIONSHIP: _____ INFORMANT SSN: _____
 ADDRESS: _____ PHONE (H): _____

E-MAIL ADDRESS _____ (C): _____
 # DCs Ordered: _____ AMENDED _____ PENDING / _____ VITAL STATISTICS

1. DECEDENT'S NAME (First, Middle, Last)		2. SEX		3. DATE OF DEATH (Month, Day, Year)	
4. S.S. NUMBER		5. AGE		6. DATE OF BIRTH (Month, Day, Year)	
7. BIRTHPLACE (City & State or Country)		8. WAS DECEDENT EVER IN THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. PLACE OF DEATH (Check Only One)	
9a. PLACE OF DEATH (Check Only One)		9b. FACILITY NAME (If not institution, give street & number)		9c. CITY, TOWN OR LOCATION OF DEATH	
9c. CITY, TOWN OR LOCATION OF DEATH		9d. COUNTY OF DEATH		10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, do NOT use retired)	
10a. DECEDENT'S USUAL OCCUPATION		10b. KIND OF BUSINESS/INDUSTRY		11. MARITAL STATUS (Married, Never Married, Divorced, Widowed)	
11. MARITAL STATUS		12. SPOUSE (If wife, give maiden name - Unless divorced)		13. STREET & NUMBER	
13a. RESIDENCE: STATE		13b. COUNTY		13c. CITY, TOWN OR LOCATION	
13c. CITY, TOWN OR LOCATION		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No if YES, specify Cuban, Mexican, Puerto Rican, Spanish, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify)		15. RACE (American Indian, Black, White, etc.)	
14. WAS DECEDENT OF HISPANIC ORIGIN?		15. RACE		16. EDUCATION / DEGREE RECEIVED	
17. FATHER'S NAME: (First, Middle, Last)		18. MOTHER'S NAME: (First, Middle, Maiden Name)		19. INFORMANT'S NAME & RELATIONSHIP	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of Cemetery or Crematory or other place)		20c. LOCATION (City, County, State & Zip Code)	
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITION		20c. LOCATION	
PHYSICIAN'S NAME		PHONE NUMBER		ADDRESS	
TIME OF DEATH		DATE & TIME PRONOUNCED DEAD		CORONER NOTIFIED	
CORONER NOTIFIED		CORONER CO-SIGN		AUTOPSY?	