

Vital Statistics Information

Required by the State of Ohio to complete the Certificate of Death

1. First Name: _____ 2. Middle Name: _____ 3. Last Name: _____

4. Date of Birth: ___ / ___ / ___ 5. Age: _____ 6. Sex: _____ 7. Date of Death: ___ / ___ / ___ 8. Hour of Death: _____ : _____

9. City & State of Birth : _____ 10. SSN: _____ 11. Ever in Military?: () Yes () No () Unk.
If Yes, Branch of Service: _____

12. Marital Status (DO NOT USE "single"): _____ 13. Education Highest Level/Degree: _____

14/15. Was decedent Spanish/Hispanic/Latino? () Yes *Specify*: _____ () No 16. Decedent's Race: _____

17. Usual Occupation Type of work for most of life. (DO NOT USE "retired"): _____

18. Kind of Business or Industry (e.g. grocery store, road construction, etc.): _____

19. Decedent's Street Address _____ 20. Apt # _____

21. City: _____ 22. State: _____

23. Zip code: _____

26. Informant's Name and Relationship: _____

27. Informant's address (full address and zip code): _____

Phone # () _____ - _____ Mobile # () _____ - _____ Email _____ @ _____ . _____

28. Surviving spouse First: _____ 29. Middle: _____ 30. Last BIRTH NAME _____

31. Name of Father First: _____ 32. Middle: _____ 33. Last: _____ Deceased ()

35. Name of Mother First: _____ 36. Middle: _____ 37. Last BIRTH NAME: _____

Check if mother is deceased ()

39. How many Certified Copies of Certificate of Death ordered? _____ [Vital Records Charges for Each Certified Copy]

40. Place of Final Disposition (residence, cemetery, etc.): _____

The vital statistical information above is information required by the State Registrar and will appear on the original certificate of death. Once this information is filed with the registrar, changes can only be made by filing and affidavit. Filing an affidavit will result in additional costs for certified copies of the amended certificate of death and will result in a delay in receiving corrected copies of the certificate of death.

I, the undersigned attest that the information provided above is accurate to the best of my knowledge.

Signature _____

date _____ / _____ / _____