

GEORGIA DEATH CERTIFICATE WORKSHEET- PERSONAL INFORMATION

BIRTH CERT. NO

STATE FILE NO.

1. DECEDENT'S LEGAL NAME (First, Middle, Last)		1a. IF FEMALE, ENTER LAST NAME AT BIRTH		2. SEX	2a. DATE OF DEATH (Mo., Day, Year)	
3. SOCIAL SECURITY NUMBER	4a. AGE - Last Birthday (Years)	4b. UNDER 1 YEAR Mos. Days	4c. UNDER 1 DAY Hours Mins.	5. DATE OF BIRTH (Mo., Day, Year)		
6. BIRTH PLACE (City and State or Foreign Country)		7a. RESIDENCE - STATE		7b. COUNTY		7c. CITY OR TOWN
7d. STREET AND NUMBER		7e. ZIP CODE		7f. INSIDE CITY LIMITS ? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
8. EVER IN US ARMED FORCES? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	9. MARITAL STATUS AT TIME OF DEATH <input type="radio"/> Married <input type="radio"/> Married, but Separated <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Never Married <input type="radio"/> Unknown			10. SPOUSE NAME (If wife, give name prior to first marriage)		
11. FATHER'S NAME(First, Middle, Last)			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)			
13a. INFORMANT'S NAME (First, Middle Initial, Last)		13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street & Number, City, State, Zip Code)		
14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="radio"/> 8th grade or less <input type="radio"/> 9th - 12th grade; no diploma <input type="radio"/> High school graduate or GED <input type="radio"/> Some college credit;but no degree <input type="radio"/> Associate degree (eg.,AA, AS) <input type="radio"/> Bachelor's degree(eg.,BA, AB, BS) <input type="radio"/> Master's degree(eg.,MA, MS, MBA) <input type="radio"/> Doctorate (eg.,pHD, EdD) <input type="radio"/> Unknown		15. 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. <input type="radio"/> No, Not Spanish/Hispanic/Latino <input type="radio"/> Yes, Mexican, Mexican American, Chicano <input type="radio"/> Yes, Puerto Rican <input type="radio"/> Yes, Cuban <input type="radio"/> Yes, Other Spanish/Hispanic/Latino (specify) _____ <input type="radio"/> Unknown <input type="radio"/> Refused <input type="radio"/> Not obtainable		16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Black or African American <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiiin <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> American Indian or Alaskan Native(Specify) _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Refused <input type="checkbox"/> Not obtainable		
17a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.)						
17.b KIND OF BUSINESS/INDUSTRY				17c. EMPLOYER		
18a. IF DEATH OCCURRED IN HOSPITAL <input type="radio"/> Inpatient <input type="radio"/> Emergency Room/Outpatient <input type="radio"/> Dead on Arrival		18b. IF DEATH OCCURRED SOMEWHERE OTHER THAN HOSPITAL <input type="radio"/> Unknown <input type="radio"/> Hospice facility <input type="radio"/> Nursing home/Long term care facility <input type="radio"/> Decedent's Home <input type="radio"/> Other (Specify) _____				
19. FACILITY NAME (If not institution, give street & number)		20. CITY OR TOWN, STATE, AND ZIP CODE		21. COUNTY OF DEATH		
22a. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from state <input type="checkbox"/> Entombment <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify): _____		22b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		22c. DATE OF DISPOSITION		
23a. EMBALMER NAME (First, Middle, Last)				23b. EMBALMER'S LICENSE NUMBER		
24. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY						
25a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT _____ ISI				25b. LICENSE NUMBER (Of Licensee)		

To be Completed/Verified By:
FUNERAL DIRECTOR