Heflebower
Funeral and Cremation Services

Death Certificate Template

1. Decedent's Name:

_____
(First, Middle, Last)

2. Sex: _____

3. Date of Death: _____/_____/_____

4. Age: _____

5. Date of Birth: _____/_____/_____

6. Birthplace: (City & State or Foreign Country)

_____

7. Social Security Number:

_____-_____-_____

8. Was the decedent ever in U.S. armed forces?

Yes ☐ No ☐

9. Place of Death (check only one):

Hospital:
- ◯ Inpatient
- ◯ ER/Outpatient
- ◯ DOA

Other:
- ◯ Hospice
- ◯ Decedent's Home
- ◯ Assisted Living/ Nursing Home
- ◯ Other (specify): _____

10. Facility Name: (if not an institution, give address)

_____

_____

11. City Town, or Location of Death:

_____

12. County of Death: _____

13. Decedent's Current Residence:

Address:

_____

_____

_____

Zip Code: _____

County: _____

14. Inside City Limits?

Yes ☐ No ☐

15. Marital Status:
- ◯ Married
- ◯ Widowed
- ◯ Never Married
- ◯ Divorced
- ◯ Unknown

16. Spouse: _____
(even if deceased)
(If wife, please give **MAIDEN** name)

17. Mother's Name:

_____
(First, Middle, **MAIDEN**)

18. Father's Name:

_____
(First, Middle, Last)

continued on back...

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19. Education (highest level completed):

- ◯ 8th grade or less
- ◯ 9th-12th grade, but no diploma
- ◯ Associate degree
- ◯ Bachelor's degree
- ◯ Doctorate or Professional Degree
- ◯ High School Graduate or GED Complete
- ◯ Master's Degree
- ◯ Some college credit, but no degree
- ◯ None
- ◯ Unknown

20. Decedent's Usual Occupation:

_____

(Give kind of work done during most of working life. **DO NOT** use retired)

21. Kind of Business/Industry:

_____

22. Was decedent of Hispanic origin?

Yes ☐ No ☐

23. Race: _____

24. Legal Next of Kin:

Name: _____

Relationship to deceased: _____

Phone Number: _____

Address: _____

_____

_____

25. Method of Disposition:

- ◯ Burial - Cemetery
- ◯ Burial - Private Land
- ◯ Cremation
- ◯ Alkaline Hydrolysis
- ◯ Removal from State
- ◯ Donation
- ◯ Entombment
- ◯ Other: (specify) _____

26. Place of Disposition:
(name of cemetery, crematory, or other place)

_____

27. Location: (city/town, state)

_____

For Funeral Home Use Only:

EDR #: _____Initials: _____Signing Doctor: _____

NOK Phone: _____NOK email: _____

TOD: _____ a.m. p.m. TOD Pronounced: _____ a.m. p.m.