

**South Chicago Chapel**  
**Information Needed To Complete State of Illinois Death Certificate**  
**Email: southchicagochapel@gmail.com**

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_ AM / PM

Place of Death: \_\_\_\_\_

Address of Place of Death: \_\_\_\_\_

Inpatient    Emergency Room    ME    Hospice: \_\_\_\_\_ County: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Social Security #: \_\_\_\_\_

Serve in the Armed Forces: Y / N \_\_\_\_\_ # of Certified Death Certificates \_\_\_\_\_

Birth Place: (City & State or Foreign Country) \_\_\_\_\_

Marital Status:    Married    Widowed    Divorced    Never Married

Race: \_\_\_\_\_ Hispanic Origin: No/Yes \_\_\_\_\_

Surviving Spouse: (if wife give maiden name): \_\_\_\_\_

Home Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Education Number of Years: High School (years) \_\_\_\_\_ College (years) \_\_\_\_\_

Usual Occupation: \_\_\_\_\_ Kind of Business or Industry: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: (maiden) \_\_\_\_\_

Physician: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

**Legal Next of Kin**

Informant's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Informant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_