State of Louisiana

Certificate of Death

IMPORTANT: Please print clearly and complete each section as indicated.

DECEDENT

LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH (Month, Day, Year)	DATE OF DEATH (Month, Day, Year)	TIME OF DEATH

SEX	AGE	IF UNDER 1 YEAR (Months, Days)	UNDER 1 DAY (Hours, Minutes)
PLACE OF BIRTH (City, State, Country)			RACE (Specify Black, White, etc.)
SOCIAL SECURITY NUMBER			OF HISPANIC ORIGIN?

DECEDENT STREET ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY
PARISH OR COUNTY OF DECEDENT	IS THE THE DECEDENT'S RESIDENCE INSIDE CITY LIMITS? (Yes or No)		

PERSONAL

MARITAL STATUS (Married, Widowed, Divorced, Never Married)	SURVIVING SPOUSE (If wife, please provide maiden name)
EVER IN US ARMED FORCES? (Yes or No)	EDUCATION (Specify highest grade completed)
OCCUPATION (Type of work done during most of working life)	INDUSTRY (Kind of Business)
FATHER'S NAME (Last, First, Middle)	MOTHER'S MAIDEN NAME (Maiden name, First, Middle)
FATHER'S PLACE OF BIRTH (City, State, Country)	MOTHER'S PLACE OF BIRTH (City, State, Country)

PLACE OF DEATH

Check ONLY one. If death occurred in a non-listed facility, select OTHER and specify below

HOSPITAL			*NON-HOSPITAL*		
☐ Inpatient	☐ ER/Outpatient	☐ DOA	☐ Nursing Home	☐ Residence	☐ Other

NAME OF FACILITY (If not a facility, provide street address or location)			
STREET ADDRESS OF PLACE OF DEATH			
CITY	STATE	ZIP CODE	COUNTRY
PARISH OR COUNTY OF DEATH	IS THE PLACE OF DEATH INSIDE CITY LIMITS? (Yes or No)		

INFORMANT (Next of Kin)

INFORMANT'S LAST NAME	FIRST NAME	MIDDLE NAME
INFORMANT'S ADDRESS		
CITY	STATE	ZIP CODE	PARISH OR COUNTY
RELATIONSHIP TO DECEDENT	PHONE (Please provide two (2) contact numbers)	
Email Address		

DISPOSITION

METHOD OF DISPOSITION

☐ Burial ☐ Cremation ☐ Other

NAME AND LOCATION OF CEMETERY