



Death Certificate Required Information

Full Name of Deceased: _____

Sex: _____

Date of Death: _____ Place of Death: _____

Date of Birth: _____ Age: _____

Place of Birth: _____ State: _____

Usual Occupation (Prior if Retired): _____

Industry or Business: _____

Residence: _____

State: _____

Social Security #: _____

U.S. War Veteran: _____ Branch: _____

Service #: _____ War: _____

Race: _____

Highest Grade Completed in School: _____

Marital Status: _____

If Married, Widowed, Divorced:

Full Name & Maiden if Applicable of Spouse: _____

Parents

Father's Name: _____

Father's State or Country of Birth: _____

Mother's Name and Maiden Name: _____

Mother's State or Country of Birth: _____

Informant

Informant's Name: _____

Relationship: _____

Informant's Address including Zip Code: _____

Phone #: _____ Cell #: _____

Email Address: _____

Number of Certified Copies of Death Certificate Needed: _____

(Copies Range from \$5-\$20 depending on City or Town)