

Vital Statistics: Information Required for Death Certificate

Personal Information:

Full Legal Name: _____
(First) (Middle) (Last)

Other Names/(AKAs): _____
(First) (Middle) (Last)

Date of Birth: _____
(Month) (Date) (Year)

Birthplace: _____
(City) (County) (State or Country)

Marital Status: Single Never Married Married Widowed Divorced Registered Domestic Partner

Name of spouse or domestic partner: _____
(First) (Middle) (Last – must use maiden name)

Father's Name: _____
(First) (Middle) (Last)

Mother's Maiden Name: _____
(Before first marriage) (First) (Middle) (Last)

Gender Identity: Male Female Transgender Non-Binary **Served in the US Armed Forces?** Yes No

Social Security Number _____ - _____ - _____ **Race(s) List all that apply:** _____

Hispanic: No Yes Mexican, Mexican American, Chicano Puerto Rican Cuban Other: _____

Residence:

(Street Address, Apt. #) (City) (State) (Zip)

Resided at this address since: _____ **Residence Inside City Limits?** Yes No Unknown
(Year)

Tribal Reservation Name: _____
(Name of Reservation)

Education/Occupation:

Education completed (highest degree earned): 8th Grade or Less 9 th-12th grade: no diploma High School Graduate or GED completed Some college credit, no degree Associate Degree Bachelor's Degree Master's Degree Doctorate Unknown

Occupation (Kind of Work Done. Do not use "retired", give former occupation(s): _____

Industry (Do not use company name(s), i.e. "Education"): _____

