

## **ILLINOIS DEATH CERTIFICATE WORKSHEET**

Please print or type

## 1) NAME OF DECEASED:

<b>)</b>	DATE OF DEATH.
21	DATE OF DEATH:
-,	

3) COUNTY OF DEATH: \_\_\_\_\_

4) AGE: \_\_\_\_\_

5) DATE OF BIRTH:

6) CITY OR TOWN OF DEATH: \_\_\_\_\_

7) HOSPITAL OR INSTITUTION NAME: \_\_\_\_\_

8) BIRTHPLACE: \_\_\_\_\_

9) SOCIAL SECURITY NUMBER: \_\_\_\_\_

10) MARITAL STATUS AT TIME OF DEATH:

11) SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage):

12) EVER IN U.S. ARMED FORCES?: $\Box$ YES $\Box$ NO								
13) HOME ADDRESS OF DECEASED:								
14) CITY:	INSIDE CITY	LIMITS?: □YES	□NO					
15) COUNTY:	16) STATE:	17) ZI	P CODE:					

18) FATHER'S NAME (First, middle, last):

19) MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, middle, last):

20) INFORMANT'S NAME:

21) RELATIONSHIP TO DECEDENT:

22) MAILING ADDRESS (Street & No., City or Town, Zip Code):

23) METHOD OF DISPOSITION: □ Burial □ Cremation □ Donation □ Entombment
24) PLACE OF DISPOSITION (Name of cemetery, crematory, other):

25) LOCATION (City, Town & State):

26) DATE OF DISPOSITION: \_\_\_\_\_

27) DECEDENT'S EDUCATION LEVEL (Highest grade completed):

28) DECEDENT OF HISPANIC ORIGIN? (Check the one that best describes whether the

decedent is Spanish/Hispanic/Latino. Check "No" if decedent is not Spanish/Hispanic/Latino):

□ No, not Spanish/Hispanic/Latino

□ Yes, Mexican, Mexican American, Chicano

□ Yes, Puerto Rican

□Yes, Cuban

□ Yes, Other Spanish/Hispanic/Latino Speci

Specify: \_\_\_\_\_

29) DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be):

□ White	□ Black or African American		□ American Indian		□ Chinese	□ Filipino			
□ Japanese	□Korean	□Vietnamese	□Oth	er Asian (Spec	;				
□ Native H	awaiian 🗆 G	uamanian or Chai	morro	□ Samoan					
□ Other Pacific Islander (Specify): □ Other (Specify):									
30) DECEDENT'S USUAL OCCUPATION									
31) TYPE OF INDUSTRY									
32) HOW MANY DEATH CERTIFICATES WILL YOU NEED?									