



**DO NOT WRITE BELOW. THE STAFF AT THE OFFICE OF VITAL RECORDS WILL ENTER INFORMATION.**

This form is not a death certificate.  
The information is transcribed from the original document.

1. Name of Decedent: \_\_\_\_\_

2. Sex: \_\_\_\_\_

3. Date of Death: \_\_\_\_\_ 4. Age at time of Death: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

6. Place of Birth: \_\_\_\_\_

7. Was Decedent Ever in the Armed Forces:  Yes  No From \_\_\_\_\_ to \_\_\_\_\_

8. Place of Death: \_\_\_\_\_

9. Facility Name and Address: \_\_\_\_\_

10. Marital Status: \_\_\_\_\_

11. Spouse's Name: \_\_\_\_\_

12. Decedent's Occupation – Kind of Business: \_\_\_\_\_

13. Decedent's Residence: \_\_\_\_\_

14. Race: \_\_\_\_\_ 16. Education: \_\_\_\_\_

17. Father's Name: \_\_\_\_\_

18. Mother's Name: \_\_\_\_\_

19. Informant's Name: \_\_\_\_\_

20. Informant's Relationship: \_\_\_\_\_

21. Mailing Address: \_\_\_\_\_

22. Method – Place of Disposition: \_\_\_\_\_

23. Funeral Director: \_\_\_\_\_

24. Embalmer: \_\_\_\_\_

25. Name and Address of Funeral Home: \_\_\_\_\_

26. Medical Examiner's Name and Address: \_\_\_\_\_

27. Physician's Name and Address: \_\_\_\_\_

28. Date Certificate Filed: \_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

We were unable to locate a certificate  
with information given.

Verified By: \_\_\_\_\_

Title: \_\_\_\_\_

Date Verified: \_\_\_\_\_