



*"Three Generations Of Dignified, Professional, Funeral Services"*

2744 W. 51st Street; Chicago, IL 60632  
24 Hour Ph. (773) 436-2746 Fax (773) 436-4766  
www.marinfuneralhome.com

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**ILLINOIS DEATH CERTIFICATE WORKSHEET**

**Please print or type**

1) NAME OF DECEASED:

\_\_\_\_\_

2) 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?:     YES     NO

13) HOME ADDRESS OF DECEASED: \_\_\_\_\_

14) CITY: \_\_\_\_\_    INSIDE CITY LIMITS?:     YES     NO

15) COUNTY: \_\_\_\_\_    16) STATE: \_\_\_\_\_    17) ZIP CODE: \_\_\_\_\_

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

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

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20) INFORMANT'S NAME: \_\_\_\_\_

21) RELATIONSHIP TO DECEDENT: \_\_\_\_\_

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

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23) METHOD OF DISPOSITION:     Burial     Cremation     Donation     Entombment

24) PLACE OF DISPOSITION (Name of cemetery, crematory, other):

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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      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     Other Asian (Specify): \_\_\_\_\_

Native Hawaiian     Guamanian or Chamorro     Samoan

Other Pacific Islander (Specify): \_\_\_\_\_     Other (Specify): \_\_\_\_\_

30) DECEDENT'S USUAL OCCUPATION \_\_\_\_\_

31) TYPE OF INDUSTRY \_\_\_\_\_

32) HOW MANY DEATH CERTIFICATES WILL YOU NEED? \_\_\_\_\_