

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: _____