



Certified copies of the death certificate are available from the Health Department in the county of death. You can purchase them, or if we purchase them for you, **allow 10 to 20 county working days**, after the certificate has been filed.

VITAL STATISTICS									
Name of Deceased: First			Middle:			Last:			
City of Birth:	AKA:			Date of Birth:		Age:		Sex:	
State of Birth:	Social Security #:		Military Service: Y/N Branch:		Marital Status:		Date of Death:		Hour of Death:
Education:			Hispanic: Y/ N			Hispanic Origin?		Decedent's Race:	
Usual Occupation:			Kind of Business or Industry:				Years in Occupation:		
Decedent's Residence: (Street and Number or Location)									
City:		County:		Zip Code:		Years in County:		State:	
Name of surviving Spouse – First:			Middle:			Last: (Maiden Name)			
Father's Name – First:			Middle:			Last:		Birth State:	
Mother's Name – First:			Middle:			Last: (Maiden Name)		Birth State:	
Disposition Date:		Place of Disposition: (Where are the remains to be kept, buried or scattered?):							
Type of Disposition:		Name of Funeral Establishment:					Embalming: Yes/No		
Place of Death:									
INFORMANT'S INFORMATION									
Informant's Name:				Relationship:			Email:		
Informant's Address:									
Informant's Day/Evening Telephone:						*Signature:			
*By signing above, you are accepting the information as correct for use in the Death Certificate									
SURVIVOR'S INFORMATION									
Father:					Mother:				
Spouse:					Brothers/Sisters:				
Children:									
					Others:				
Number of Grandchildren:			Great Grandchildren:			Great-Great-Grandchildren:			