

# Death Certificate Work Sheet

\*Please Print Legibly\*

\*Information Needed to Complete State of Illinois or Indiana Death Certificate\*

\*Please Fill in ALL Blank lines. If any lines are left blank, we will put "Not Available" on Death Certificate.\*

Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Time of Death: \_\_\_\_\_ please specify AM or PM Place of Death: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Served in the Armed Forces: \_\_\_\_\_

Birth Place (City, State or Foreign Country): \_\_\_\_\_

Marital Status:    Married        Widowed        Divorced        Never Married

Race: \_\_\_\_\_ Hispanic Origin: \_\_\_\_\_

Surviving Spouse (if wife, give maiden name): \_\_\_\_\_

Deceased Home Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Education-** Number of Years: High School \_\_\_\_\_ College \_\_\_\_\_

Occupation: \_\_\_\_\_ Business or Industry: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Mothers Name (maiden): \_\_\_\_\_

Physician: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

**Legal Next of Kin-** Informant's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Informant's Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Signature of person filling out form: \_\_\_\_\_

**Fax completed form to:**

Attention: Eric Morgan at 708-562-0450