

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: _____