



Death Certificate Worksheet  
Please fill in all lines the best that you can.

1. Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_
2. Date of Birth \_\_\_\_\_ Birth State or country \_\_\_\_\_
3. Social Security # \_\_\_\_\_ Were you ever in the US Armed Forces? \_\_\_\_\_
4. How far did you go in your education? \_\_\_\_\_ Race? \_\_\_\_\_
5. Usual Occupation when you worked \_\_\_\_\_ Where? \_\_\_\_\_ Years? \_\_\_\_\_
6. Your Residence \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ County \_\_\_\_\_ how long have you lived in this county? \_\_\_\_\_
7. Marital Status? Married? \_\_\_\_\_ Widowed? \_\_\_\_\_ Divorced? \_\_\_\_\_ never married? \_\_\_\_\_
8. Name of surviving spouse \_\_\_\_\_ Maiden Name? \_\_\_\_\_
9. Name of Father (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last) \_\_\_\_\_
10. Name of Mother (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (maiden) \_\_\_\_\_
11. Birthplace of your father \_\_\_\_\_ mother \_\_\_\_\_
12. What will you do with the ashes if cremated? \_\_\_\_\_
13. If a burial is to take place, where will it be? \_\_\_\_\_  
Address \_\_\_\_\_
14. Who is the Next-of-kin? \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_